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THE MARYLAND PHARMACIST

PROCEEDINGS NUMBER 1962

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VOLUME XXXVIII - NO. 1 October 1962

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The Maryland Pharmacist

PUBLISHED MONTHLY BY THE
MARYLAND PHARMACEUTICAL ASSOCIATION

NATHAN I. GRUZ, Editor

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VOLUME XXXVIII **OCTOBER, 1962** **No. 1**

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1962 - 1963

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MARYLAND PHARMACEUTICAL ASSOCIATION

1962-1963

FOREWORD

This issue is the annual Proceedings number of The Maryland Pharmacist, the official organ of the Maryland Pharmaceutical Association, published as the record of the activities of the Association for the Association year 1961-62.

The reports of officers and committees indicate in a small degree the great contribution, often at personal sacrifice, of many conscientious members who give freely of their time, efforts and resources for the benefit of all in pharmacy and those pharmacy serves.

This issue provides a report of the proceedings at the 80th Convention of the Maryland Pharmaceutical Association held at Galen Hall, Wernersville, Pennsylvania, June 25, 26, 27, 28, 1962. Included are the programs of the Ladies' and Travelers' Auxiliaries.

The consensus of those who attended the Convention was that the Convention was outstanding in both program content and in recreational features. The panel presentations were stimulating and informative. The entertainment was enjoyable, with top professional talent and a wonderful show by T.A.M.P.A.

The Proceedings Issue, in addition, contains valuable information and reference material, such as the roster of registered pharmacists, the membership rolls of the Association and of T.A.M.P.A.

The reports of the University of Maryland School of Pharmacy and the Maryland Board of Pharmacy and regulations governing the filling of oral narcotic prescriptions are important features. This information is available in no other publication. You will find it useful to keep the Proceedings Issue for reference.

For a detailed list of the contents an index for your convenience is provided at the beginning of the advertising section at the back of this issue.

The Proceedings Issue reflects part of the broad scope of interest, activities and services encompassed by the Maryland Pharmaceutical Association, the pharmacists of Maryland and those allied with the practice of pharmacy. It indicates that the pharmacists of Maryland approach the practice of pharmacy as a profession, whether engaged in community practice, hospital pharmacy, education, manufacturing, distribution, enforcement or otherwise.

Through his professional Association, the pharmacist works with his colleagues to advance the profession of pharmacy so that it may be in a position to better serve the public interest which must always be paramount.

If this issue succeeds in an effort to provide some insight to both the membership and the subscribers of the "state of pharmacy" in Maryland and the essential role of pharmacists as members of the health team, the time and effort entailed in publication have been worthwhile.

NATHAN I. GRUZ,
Editor

. . . Proceedings . . .

of the

Eightieth Annual Meeting

of the

Maryland Pharmaceutical Association

Held at

GALEN HALL

Wernersville, Pennsylvania
June 25, 26, 27 and 28th, 1962

FIRST SESSION

Monday, June 25

The First Session of the 80th Annual Convention was called to order at 2:00 P.M. by President Norman J. Levin in the Assembly Hall of Galen Hall, Wernersville, Pennsylvania.

President Levin called the convention to order and extended greetings and welcome to all in attendance.

Frank Block won the Early Bird Prize, a valuable merchandise gift certificate.

President Levin presented Mr. Dan Burack, owner and manager of Galen Hall, who extended warm greetings to the members upon returning to Galen Hall again. He commended the Convention Committee upon their hard work and excellent program. Mr. Burack placed himself, Mr. Sopanoff and his staff at the Association's disposal.

Jerome J. Cermak, President of the Baltimore Metropolitan Pharmaceutical Association responded to Mr. Burack's welcome and brought greetings from his Association.

President Levin announced that he was appointing a special committee to study constitutional amendments presented at the previous regional meeting and to report to the business meeting on Thursday. The Committee consisted of Frank Block, Chairman; Morris R. Yaffe, Samuel Wertheimer, Stephen J. Provenza, Jerome J. Cermak and Victor H. Morgenroth, Jr.

The following were introduced by President Levin: Dr. B. Olive Cole, Professor Emeritus, University of Maryland, School of Pharmacy; Dr. Noel E. Foss, Dean of the University of Maryland School of Pharmacy; Mr. Frank S. Balassone, Chief of Division of Drug Control and Secretary of the Maryland Board of Pharmacy; Mr. Lee E. Eiler, Convention panelist; Dr. Frank J. Slama, Executive Secretary, Alumni Association, University of Maryland School of Pharmacy.

The President then proceeded to call for Committee reports.

REPORT OF THE SOCIAL COMMITTEE

Victor H. Morgenroth, Jr., Chairman

The first meeting the Social Committee was responsible for was the Fall Regional Meeting held, October 19th, 1961 at Peter Pan Inn, Frederick, Maryland, at which time we had a very excellent panel discussion, the chief speaker of which was Dr. Carl Mech, chairman of the Legislative Committee of the Medical and Chirurgical Faculty of Maryland. Dr. Mech enlightened us at great length on the Medical Care Programs that were being fostered and foisted. The second meeting, which was the Spring Regional Meeting was in the Allegany-Garrett County Pharmaceutical Association territory at the Ali Ghan Country Club, Cumberland, Maryland, in April 12, 1962. The meeting was as well attended as it could have been under very trying weather conditions. The main speaker was the Attorney General of the State of Maryland who spoke to us on Legislative matters, how to introduce legislation, what legislation we could expect, and how it should be handled. Our thanks, of course, go to the Allegany-Garrett Pharmaceutical Association for arranging this meeting and the very splendid day that was provided for the ladies and ourselves.

The third meeting for which the Social Committee is responsible is now commencing. We are at your beck and call—anything that you suggest within reason—we will certainly try to follow. The entertainment program is in the very capable hands of the Travelers. They have knocked themselves out to provide a really outstanding program.

There is nothing more that the Social Chairman can add at this time except that we hope you have a wonderful time. If you don't, it is our responsibility. Come to us and we will try to make all the arrangements to change it around for you. Thank you very much.

REPORT OF THE TREASURER

John F. Wannenwetsch

Throughout the year financial reports are made at each Executive Committee meeting. As you all know, for a number of years we have had a certified public accountant to take care of our books and I will present his written report. I have passed out copies of the report to everyone present. The results of the audit are as follows:

June Fourteenth
Nineteen Hundred Sixty Two

Maryland Pharmaceutical Association
650 West Lombard Street
Baltimore 1, Maryland

Gentlemen:

We have made an examination of the books and records of the Maryland Pharmaceutical Association, Baltimore, Maryland for the fiscal year ended May 31, 1962, and submit, herewith, the following Exhibits:

EXHIBIT A—Statement of Cash Receipts and Disbursements—General Fund

EXHIBIT B—Statement of Cash Receipts and Disbursements—The Maryland Pharmacist

EXHIBIT C—Statement of Cash Receipts and Disbursements—Veterans Administration

EXHIBIT D—Statement of Savings Accounts

The above Exhibits cover the fiscal year from June 1, 1961 to May 31, 1962.

The assets of the Association consist of the following as of May 31, 1962.

CASH - $47,362.21

General Association Account	$16,562.57
Savings Account General Fund—Union Trust Company	10,069.85
Savings Account General Fund Reserve—Reisterstown Federal Savings and Loan Association	3,100.80
Savings Account Pension Fund Reserve—Reisterstown Federal Savings and Loan Association	1,550.40
The Maryland Pharmacist	666.59
Veterans Administration	763.05
Savings Account Scholarship Fund—Savings Bank of Baltimore	1,399.13
Savings Account Kelly Memorial Building Fund—Savings Bank of Baltimore	13,249.82
	$47,362.21

These balances were confirmed by correspondence with the depositories.

INVESTMENTS

U.S. TREASURY SERIES J BONDS	$7,951.50
UNION TRUST COMPANY OF MARYLAND 22 SHARES OF COMMON STOCK—COST	$ 715.00

The Association owns Series J Government Bonds purchased in 1955 at a cost of $6,840.00. These bonds will have a maturity value of $9,500.00 in 1967. As of February 1962, the value of these bonds was $7,951.50. The Union Trust Company of Maryland stock represents 22 shares acquired August 3, 1938. We examined these securities at your safe deposit box during the course of our examination.

SUMMARY of ASSETS
as of MAY 31, 1962

Cash	$47,362.21
U.S. Treasury Bonds at Present Redemption Value	7,951.50
Union Trust Company of Maryland Stock at Cost	715.00
TOTAL ASSETS	$56,028.71

In making the audit of the books and records of the Association. we examined cancelled checks, bank statements, payroll records, dues records and paid invoices to the extent we deemed necessary.

Respectfully submitted,

ROBERT W. BLACK
CERTIFIED PUBLIC ACCOUNTANT

BY: HOWARD V. PFISTER JR., C.P.A.

June Fourteenth
Nineteen Hundred Sixty Two

Maryland Pharmaceutical Association
650 West Lombard Street
Baltimore 1, Maryland

We have examined the Statements of Cash Receipts and Disbursements of the Maryland Pharmaceutical Association. Baltimore, Maryland for the fiscal year ended May 31, 1962 (General Fund. The Maryland Pharmacist, Veterans Administration and Savings Accounts). Our examination was made in accordance with generally accepted auditing standards and accordingly included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the accompanying Statements of Cash Receipts and Disbursements fairly present the cash transactions of the Maryland Pharmaceutical Association for the year ended May 31, 1962 (General Fund, The Maryland Pharmacist, Veterans Administration and Savings Accounts.)

HOWARD V. PFISTER JR.
CERTIFIED PUBLIC ACCOUNTANT

EXHIBIT A

MARYLAND PHARMACEUTICAL ASSOCIATION
BALTIMORE, MARYLAND

STATEMENT of CASH RECEIPTS and DISBURSEMENTS
for the year ending MAY 31, 1962

GENERAL FUND

Cash Balance—June 1, 1961		18,099.48
Receipts		
Dues	17,155.00	
Convention	8,340.00	
Baltimore Metropolitan Pharmaceutical Association	5,000.00	
Transferred from Veterans Administration	1,250.00	
Transferred from The Maryland Pharmacist	2,000.00	
Testimonial—J. Cohen	1,970.00	
Dr. Robert L. Swain—Pharmacy Seminar	485.00	
Professional Relations	288.83	
Office Expense	657.94	
Dividends	52.80	
Regional Meetings	1,297.00	
TOTAL RECEIPTS		38,496.57
Forward		56,596.05
Disbursements		
Salaries	17,947.20	
Pension	1,417.92	
Office Expense	4,021.58	
Light, Power and Water	923.22	
Taxes—Payroll	664.17	
Professional Relations	442.17	
Printing	361.32	
Legal	3,150.00	
Auditing	150.00	
Convention Expense	2,752.91	
Testimonial—J. Cohen	1,970.82	
Dr. Robert L. Swain—Pharmacy Seminar	591.71	
Legislative Committee Expense	164.07	
Insurance	481.15	
A.Ph.A. Defend Profession Fund	500.00	
Advertising	25.00	
Pharmacy Committee	527.90	
Fair Trade Committee	600.69	
Dargavel Foundation	100.00	
Repairs	107.84	
Kelly Memorial Building Fund	1,200.00	

Civil Defense Committee	65.20	
Regional Meetings	1,581.35	
Dues Adjustment	195.00	
Public Relations Committee	64.87	
Trade Relations Committee	27.39	
TOTAL DISBURSEMENTS		40,033.48
Cash Balance—May 31, 1962		16,562.57

EXHIBIT B

THE MARYLAND PHARMACIST

STATEMENT of CASH RECEIPTS and DISBURSEMENT
for the year ending MAY 31, 1962

Cash Balance—June 1, 1961		1.304.79
Receipts		
Advertising	10,648.13	
Less Discounts	739.57	9,908.56
		11,213.35
Disbursements		
D. Stuart Webb, Inc.—Printing	8,227.56	
Robert L. Swain—Cartoons	240.00	
Joseph Ruzicka—Bookbinding	17.40	
Brice Crocket Art Service	61.80	
Transferred to Maryland Pharmaceutical Association - General Fund	2,000.00	
TOTAL DISBURSEMENTS		10,546.76
Cash Balance—May 31, 1962		666.59

EXHIBIT C

VETERANS ADMINISTRATION

STATEMENT of CASH RECEIPTS and DISBURSEMENT
for the year ending MAY 31, 1962

Cash Balance—June 1, 1961		702.89
Receipts		
Veterans Administration		8,754.42
		9,457.31
Disbursements		
Cost of Prescriptions	7,442.97	
Cost of Check Book	1.29	

Transferred to Maryland Pharmaceutical Association - General Fund	1,250.00	
TOTAL DISBURSEMENTS		8,694.26
Cash Balance—May 31, 1962		763.05

EXHIBIT D

MARYLAND PHARMACEUTICAL ASSOCIATION
STATEMENT of SAVINGS ACCOUNTS

Scholarship Fund

Balance—June 1, 1961		1,204.14
Receipts		
Interest	41.74	
Contributions	308.00	349.74
		1,553.88
Disbursements		
Scholarship—Baltimore Junior College		154.75
Balance—May 31, 1962		1,399.13

Kelly Memorial Fund

Balance—June 1, 1961		12,744.76
Receipts		
Interest	402.16	
Baltimore Metropolitan Pharmaceutical Association	1,000.00	
Maryland Pharmaceutical Association	1,200.00	2,602.16
		15,346.92
Disbursements		
Improvements (Painting, Lights, etc.)		2,097.10
Balance—May 31, 1962		13,249.82

General Fund Savings Account

Balance—June 1, 1961	9,762.65
Receipts	
Interest	307.20
Balance—May 31, 1962	10,069.85

Pension Fund

Balance—June 1, 1961	1,500.00
Receipts	
Interest	50.40
Balance—May 31, 1962	1,550.40

General Fund Savings Accounts

Balance—June 1, 1961	3,000.00
Receipts	
Interest	100.80
Balance—May 31, 1962	3,100.80

It was pointed out by Mr. Mouat that no money was transferred to the Pension Fund during the fiscal year. After discussion, Treasurer Wannenwetsch stated that $1500.00 would be transferred to the Pension Fund.

REPORT OF AUDITING COMMITTEE

Charles E. Spigelmire—Chairman

During the past month, all the accounts of the Maryland Pharmaceutical Association have been carefully checked by Mr. Leonard Rome representing the firm of Robert W. Black, certified public accountants. Mr. Rome, Secretary Nathan I. Gruz and I checked the contents of our safe deposit box in the Mercantile Trust Company at Charles & Chase Streets and found the contents as represented. A meeting of your Auditing Committee was held at Galen Hall Hotel, Monday, June 25th. Those present were Secretary Nathan I. Gruz, Treasurer John W. Wannenwetsch, Frank Block and Charles E. Spigelmire. We checked the audited report in great detail and found every account in excellent condition.

FINANCE COMMITTEE REPORT

Gordon A. Mouat, Chairman

The regular charge of the Finance Committee is to study the financial needs of the association for efficient operations. This has previously meant only the preparation of a budget and the recommendations for the addition or deletion of expense items.

The Committee met at the Kelly Building on January 9, 1962 to care for this responsibility. Because of the large financial aid given to the Maryland Pharmaceutical Association by the Baltimore Metropolitan Pharmaceutical Association a representative group from that body was asked to join us in the discussion of a budget.

A comparison of both the estimated budgets and actual income and expense of the Association for both the years of 1960 and 1961 were used in the attempt to establish a realistic budget for 1962. We found it was quite difficult to establish a balanced budget with the amount of money we felt would be incoming. The conclusion was finally reached by utilizing $1000.00 from the general funds. This is not a healthy practice but was adopted for this year with the hope additional sources of funds can be found before the budget for 1963 is produced.

The budget as well as the "working papers" used by this Committee is made part of this report so that all may see some of the problems.

	1961 *Estimated Disbursements*	1961 *Actual Disbursements*	1962 *Estimated Budget*
Office Expense	$ 3,500.00	$ 3,919.88	$ 4,000.00
Salaries	18,600.00	18,309.14	18,000.00
Pension	3,000.00	2,917.92	3,000.00
Light, Power, Heat, Water	700.00	920.19	900.00
Taxes (Payroll)	550.00	512.70	550.00
Insurance	375.00	701.32	450.00
Legal	750.00	750.00	750.00
Legal (Extra)	....	2,400.00	......
Legislative Committee	500.00	598.84	....
Audit	150.00	150.00	150.00
Professional Relations	....	314.16	....
Pharmacy Week Committee	....	527.90	....
Misc.	375.00	417.22	*2,700.00
A.Ph.A. Defend Prof.	....	500.00	....
	$ 28,500.00	$ 32,939.27	$ 30,500.00

	1962 *Estimated Income*		
Dues	$ 15,500.00	*Legislative	$ 1,750.00
Convention	5,500.00	Professional Relations	250.00
B.M.P.A.	5,000.00		
Md. Pharmacist	2,500.00		
V. A.	1,000.00	Pharmacy Week	250.00
General Fund	1,000.00	True Misc.	450.00
	$ 30,500.00		$ 2,700.00

This report was submitted to and approved by the Executive Committee at its meeting at the Kelly Building on January 11, 1962.

A new and additional duty was added to the Finance Committee this year when President Levin asked the Committee to study the dues structure and types of memberships of the Association.

Believing this to be a problem that required much thought and the thinking of many people your chairman took the liberty of inviting the chairman of our Membership Committee to meet with us. In addition we asked to have the Finance and Membership Committees of the Baltimore Metropolitan Pharmaceutical Association to join us.

These Combined committees have had two meetings, on April 3rd and June 12th. Both of these meetings consumed complete afternoons and many thoughts and ideas were correlated. The conclusions reached by the work of this joint committee group has been condensed into a recommendation for several changes in the Constitution and By-Laws of the Association.

At the time of writing this report I am not certain that all of our conclusions were firm enough to say the revisions to the Constitution and By-Laws will be submitted to this Convention or if it will be necessary to revise to any extent which will mean the changes will probably not be submitted till the Fall Regional Meeting.

Since so many people have been involved in this final project that I may miss some in my thanks let me just thank my Committee as a whole as well as those other Committees that worked so long with us.

REPORT OF EXECUTIVE SECRETARY

Nathan I. Gruz

Through the years since I entered upon the study of pharmacy, 27 years ago, I have profoundly wished to be vitally involved with activities concerning the place of pharmacy in our society and the role of pharmacists as members of the health team. I felt that our pharmaceutical associations must provide the direction required to elevate the profession of pharmacy to its rightful position and to secure the conditions to enable each pharmacist to realize his maximum human potential as a professionally trained person. Through my association activities and journalistic efforts over the years, I tried to be part of this program of securing for the public the protection they are entitled to: pharmaceutical requirements met through a system in which pharmacists are the guardians and custodians of the channels through which the precious medicinals of today reach the public.

As your secretary, it is not only my desire to be involved in these activities but, since my appointment a few brief months ago, it has become my duty to devote my energy, and any talents I may bring to this position, to the challenging tasks all of us in pharmacy face.

In this report to you, I will only attempt an outline of activities during my tenure in this position. Many details will be brought out in other reports.

We are meeting at Galen Hall for the fourth time and I can assure you that both the Convention Committee under Chairman

Victor Morgenroth and the hotel management have extended themselves to assure us of an outstanding convention in every detail. TAMPA, under Ed Kabernagel and Sheeler Read, have gone all out for an enjoyable entertainment program for all.

As to the convention program, the topics are timely and are vitally linked with the survival problems of pharmacy in both the professional and economic spheres.

Regional Meetings

This past year two regional meetings were held. The Fall Regional Meeting was convened at Peter Pan Inn, Urbana, on October 19, 1961. The feature was a stimulating and informative panel presentation on the subject of "Health Services of the Community." The panelists were: George F. Archambault, Pharmacist Director, Division of Hospitals, Public Health Service, U. S. Department of Health, Education and Welfare; Karl F. Mech, M.D., Chairman, Legislative Committee, Medical and Chirurgical Faculty of Maryland; Eugene J. Lipitz, President, Maryland Nursing Home Association. Aaron M. Libowitz, Second Vice President, Baltimore Metropolitan Pharmaceutical Association, served as Moderator.

The Spring Regional Meeting was held at the Ali Ghan Shrine Country Club, Cumberland, on April 12, 1962. Attorney General Thomas B. Finan delivered an informative address on legislation affecting pharmacy. Two constitutional amendments were presented.

Fair Trade

This past year national legislation concerning price resale maintenance was a major Association concern. In 1961 hearings were held on the FAIR COMPETITIVE PRACTICES BILL, but the bill died. Early in 1962 the forces seeking fair trade legislation and those favoring the trademark protection approach united behind the sponsorship of the quality stabilization bill and is known as S.J. Res. No. 159 and H.J. Res. 636.

Tremendous efforts of the Association have been used to mobilize support by both the drug industry and other groups for the passage of this bill. Numerous mailings, meetings and telephone calls were involved. All mail has been specially rubber stamped. The climax was a rally featuring Senator William Proxmire. Representatives were present from the NARD, Quality Brands Associates and other retail groups. The result was a flood of almost 900 telegrams which were sent through our office. Wholesalers cooperated with publicity in every way. Much credit for the success is due to the efforts of Simon Solomon and Alexander J. Ogrinz, Jr.

We in Maryland can be proud of this statement from a letter from Philip F. Jehle, Washington representative of the NARD. "If all pharmacy associations gave the same united support Maryland does, the NARD would have little trouble passing measures for the economic and professional interests of its members."

In addition, along with a few other members, I attended the sub-committee hearings in both the Senate and House of Representatives. These trips to Washington proved to be interesting and valuable experiences.

There is no question that the chances for passage of this urgently needed law is possible if even greater wide spread pressure by pharmacy and, especially other retail groups, is directed to our legislators in both Houses of Congress. Those who have written or wired should not hesitate to do so again.

American Pharmaceutical Association

Along with several others from Maryland, I attended the convention of the American Pharmaceutical Association in Las Vegas as a delegate. It proved to be a particularly enlightening and stimulating meeting. It enabled one to get an overview of the present status of pharmacy within a few days.

Some of the main topics of concern were: relations of state associations with the A.Ph.A., pharmacist employer-employee relations, the Quality Stabilization Bill and the professional fees concept in prescription pricing.

Government Medical Programs

Because of the ramifications of the anti-trust suits against pharmaceutical associations concerning prescription pricing schedules, the Veterans Administration is terminating its contracts with State Associations effective September 30th. This means that unless the efforts now under way to reverse the advice of the Anti-Trust Division of the Attorney General's office are successful, pharmacists will no longer submit veterans home-town care prescriptions to State Associations but direct to V.A. clinics for processing and payment. This would upset a system that has worked well for the V.A., pharmacists and patients. Every effort must be made to revoke this unwarranted change in an efficient medical care procedure for our veterans. In our State and Baltimore City Medical programs, we believe we can make progress in renewed discussions to seek the most reasonable fees as compensation for pharmacists.

Scholarship Program

Only one scholarship was granted by the Association this year. This was to a pre-pharmacy student. The coming year it is likely that about $1,000.00 will be disbursed. It will be necessary to obtain greater contributions from members in order to maintain the fund.

Membership and Dues

A great deal of study has been given to the matter of the membership categories and dues structure of the Association. The Finance Committee, along with the Membership Committee, has studied this subject and has met with similar committees of the Baltimore Metropolitan Pharmaceutical Association in order to evolve a plan in the best interests of both groups.

The membership totals at this Convention, I am happy to announce, are the highest in the history of the Association at Convention time, already exceeding the record established at the conclusion of December 1961. More new pharmacists were enrolled in the first six months of 1962 than ever before. The response of pharmacists never previously contacted has been very gratifying. Full details will be reported by the Membership Committee. There is no doubt that if more of our members would contact pharmacists and allied personnel, we could accomplish the affiliation of even more persons.

It is planned to devote greater attention to developing closer relations with the local pharmaceutical associations. The Washington County and Eastern Shore societies are being encouraged to reactivate. We are fortunate in having active organizations in the Allegany-Garrett and Prince George-Montgomery associations. The Baltimore Metropolitan Pharmaceutical Association has resumed its former harmonious relationship with the Maryland Pharmaceutical Association. The future indicates full cooperation between all the grass roots groups and the state-wide association in order to present a united front in achieving our mutual goals. The Executive Committee has also recognized the need to further pharmacist employer-employee relations and, as a first step, a committee will survey pension plans.

Amendments to Constitution and By-Laws

The Executive Committee has recognized that changing conditions produce circumstances which alter the Association's needs. It has, therefore, recommended the addition of a standing committee on Constitution and By-Laws to study the existing Constitution and to consider the merits of any amendments proposed by members. This will allow for the necessary time for adequate deliberation and intelligent study prior to consideration by the Executive Committee and the general membership.

Public Relations

It is apparent that if we are to project a proper image of pharmacy in Maryland, we will require a professionally planned public relations program. This requires investigation, both as to costs and as to means of financing such a program. We are confident our members will recognize the urgency of our situation and meet the obligations they may be called upon to assume in these critical times.

New Pharmacists and Pharmacy Students

The future welfare of our Association depends upon developing close ties with pharmacists in their student days. In addition, we must foster affiliation and participation of pharmacists immediately after graduation. There are indications from the interest shown by students and recent graduates that we can anticipate progress in both of these efforts in the coming year.

A.Ph.A. and NARD

When we approach the national pharmaceutical scene, one dominant feature must be recognized. Over the years, many of the aspirations of pharmacists to achieve their urgently needed professional and economic goals, as well as to secure a properly recognized role in shaping policies regarding the provision of medicinal agents, has been the absence of a national front for pharmacy. For the defensive and offensive needs of the country, we have a Joint Chiefs of Staff under a Secretary of Defense. Pharmacy is engaged in a total war. The pharmaceutical situation also demands a unified command. As long as rivalry continues between our two national groups, we will continue to be divided and, therefore, to be defeated. Whatever courageous steps must be taken to achieve cooperation and harmony between our two essential national groups—the A.Ph.A. and NARD—must be taken. No personality differences, no individual ambitions, no organizational competitiveness can any longer be allowed to stand in the way. Pharmacy's resources of experienced and competent leadership, intelligent and dedicated members, and financial wherewithal are too valuable to be used except in an integrated, unified manner. Our peril is too great, our enemies too strong, our forces too fragmented to permit continuation of this increasingly disastrous internecine warfare which stands in pharmacy's path of progress.

Association Office

It is my earnest hope that with the passing of a period of orientation in the work peculiar to the administration of a pharmaceutical association and the increased experience of my new personal secretary, it will be possible to render services of ever greater benefit to the profession and to the membership.

The Association is very fortunate in having dedicated and conscientious secretarial personnel. I am deeply grateful to my secretary, Mrs. Lillian Boyd, for her rapid indoctrination into the complexities of Association activities and to her devoted efforts on behalf of the Association. In addition, Mrs. Geraldine M. Boan, formerly Miss Novotny, has continued to render valuable and sincere service. My thanks to both for their invaluable assistance.

Secretary's Activities

The work load of the Association office seems to be expanding in a geometric progression. Major projects are being added every year.

In 1961 two new projects were added: the Robert L. Swain Pharmacy Seminar and the Installation Dinner of the Baltimore Metropolitan Pharmaceutical Association. These were repeated in 1962 and plans are proceeding for another innovation this fall—the inauguration of the Simon Solomon Pharmacy Economics Seminar.

The secretary is also Editor of "The Maryland Pharmacist." Last year the printer advised the Association of an increase in costs effective January 1, 1962 and it was necessary to advance advertising rates for the first time since 1953. There has been a change in cover design, greater use of photographs and a new column—"Secretary's Script"—to permit increased communication with the membership.

At the same time, the very active program of the Baltimore Metropolitan Pharmaceutical Association continues. As I serve as secretary of that group as well, the Association office is called upon to render many services to the expanding membership.

There has been close liaison with our able legal counsel, Bernard S. Melnicove, and Joseph S. Kaufman. I am appreciative of having their guidance available to me at all times.

The office also serves as a clearing house for professional employment service for pharmacists and proprietors. Requests have been coming in almost daily.

Personal Activities

My activities include service as the pharmacy representative on the Board of Directors of the Maryland Congress of Professions and on the Pharmacy Liaison Sub-committee of the Medical and Chirurgical Faculty of Maryland. I was appointed to the Mayor's Committee on Decency and was just notified of appointment to the Governor's Commission to Examine and Revise the Food, Drug, Poison and Narcotic Laws of Maryland.

I became a life member of the A.Ph.A. in 1961 and was elected to the Executive Committee of the Alumni Association of the University of Maryland.

It was my honor and pleasure to address the Maryland Alumni Chapter of A.Z.O., the University of Maryland Student Branch of the A.Ph.A. and other groups.

Conclusion

Association work requires the harmonious efforts of many people. It has been gratifying to have had the cooperation of many persons and the support of the general membership since my appointment. It is impossible to name them all, but I would like to mention the officers, the Executive Committee, its able Chairman Harold Goldfeder, and Committee Chairmen, TAMPA, LAMPA, the local pharmaceutical societies, our drug wholesalers, other distributors and manufacturers who have responded in fine fashion.

The great assistance of Dean Noel Foss, Secretary Frank Balassone, Fair Trade Chairman Simon Solomon and Convention Chairman Victor Morgenroth is gratefully acknowledged.

Finally, it has been my privilege and good fortune to have been associated with a president who was an inspiring and invaluable leader. It has been his expression of confidence in me and his desire to do everything possible for the welfare of the Association that has been a tower of strength. To President Norman J. Levin—my profound gratitude for your cooperation, your trust and your devotion to the profession of pharmacy.

In closing, I believe if all of us commit ourselves to approaching our pharmaceutical goals in an objective manner, in a spirit of good will and in dedication to our profession, we will realize both our professional and economic aims.

REPORT OF THE EXECUTIVE COMMITTEE

Harold M. Goldfeder, Chairman

The Executive Committee convened for ten meetings during the Association year of 1961-62.

The attendance was excellent for the most part considering the distance traveled by many of the members.

The following is only a brief outline to indicate the scope and multitude of matters considered by this Committee. The Executive Committee is charged with the great responsibility of managing the affairs of the Association and I believe all have approached their duties conscientiously. These meetings required many hours of preparation and participation by both its members and the Association staff.

Shelburne Hotel, Atlantic City, New Jersey, July 6, 1961

The first Executive Committee meeting of the 1961-62 year was held on the last day of the 1961 Convention. The reappointment of Joseph Cohen as Executive Secretary was the first item on the agenda. The Social Committee reported on Convention sites. Galen Hall was approved for 1962 and the Shelburne Hotel for 1963.

Kelly Memorial Building, August 10, 1961

Communications regarding Convention resolutions were presented. The 1961 Convention report was rendered. Convention dates and sites for 1962 and 1963 were approved. Prescription premiums and discounts were discussed. Association counsel Joseph Kaufman explained the Attorney General's ruling on the prescription drug advertising law. The Committee moved that the Association go on record as opposed to the King-Anderson Bill and to give the Kerr-Mills Act an opportunity to prove itself. A contribution of $500.00 was voted for the A.Ph.A. Defend the Profession Fund. Appointments to Standing Committees were approved. Inter-association relations and medical care prescriptions were reported on. Secretary Cohen announced his resignation to accept a position with the N.A.R.D. President Levin appointed a Selection Committee for a new secretary and invited B.M.P.A. to name a similar committee to meet with the M.P.A.

Kelly Memorial Building, September 14, 1961

The newly appointed committees rendered reports. President Levin reported his satisfaction on a conference with the Baltimore Metropolitan Pharmaceutical Association. An appropriation was made for promotion of National Pharmacy Week. Insurance, substitution of prescription drugs in hospitals, return goods policies of manufacturers, prescription practices, Swain Seminar and Civil Defense matters were discussed. Seizure of prescription drug samples was reported. A testimonial dinner in honor of Secretary Cohen was approved.

Peter Pan, Urbana, Maryland, October 19, 1961

Progress reports were presented by committees. The Pharmacy Week Committee reported excellent observance with more than 200 window displays. The selection of a new secretary was not resolved. Legislative matters, such as substitution in hospitals, and Sunday Blue Laws were discussed. Appropriations were made for the Swain Seminar, legal fees, Medical and Chirurgical Exhibit and the Dargavel Foundation in memory of John W. Dargavel. Medical Care prescription fee increases are to be applied for.

Kelly Memorial Building, November 9, 1961

A Civil Defense Committee report stressed that pharmacists are needed as instructors in a Medical Self-Help Course. Mr. Nathan I. Gruz was appointed as Executive Secretary of the Maryland Pharmaceutical Association and Editor of the Maryland Pharmacist. Reports were given on Sunday Blue Laws and the Spring Regional Meeting. It was announced that William C. Hill of Easton had resigned from the Executive Committee. George W. Schmidt of Elkton was appointed to fill the unexpired term.

Kelly Memorial Building, January 11, 1962

The new Executive Secretary, Nathan I. Gruz, reported on his activities since his appointment. A report was given on the new advertising rates put into effect for the Maryland Pharmacist. The Finance Committee presented the budget for 1962 of $30,500.00, which was approved. Physician owned pharmacies and buildings renting pharmacies, mail order prescriptions and National Poison Prevention Week were discussed. The Medical Assistance to the Aged prescription program was reviewed. The various revenue producing programs of the Association and the dues structure was discussed.

Kelly Memorial Building, February 8, 1962

The Membership Committee recommended that pharmacists be eligible for active membership only with proprietors dues of $25.00 and employees dues of $12.50; Associate dues $10.00. The Medical Care prescription program was thoroughly reviewed. The matter of determining the average cost of filling a prescription was discussed. A committee was appointed to follow up. A report of visit to Atlantic City for the 1963 Convention was rendered. Atlantic City was approved as the Convention site for 1963 and 1965 at the Colony Motel. The group life insurance plan of the Baltimore Metropolitan Pharmaceutical Association was approved for M.P.A. members. A resolution was passed urging steps to bring about greater cooperation between the A.Ph.A. and N.A.R.D.

Kelly Memorial Building, March 8, 1962

Legislation affecting pharmacy introduced in the last legislature was reported on, such as: amphetamine regulation, revision of drug laws and Sunday closing laws. Future legislation plans were reviewed. The Secretary reported on contacts made with pharmacies on the Eastern Shore affected by the storm. The Convention program for 1962 was approved and report given for 1963 and 1965 arrangements. The progress of the Maryland Congress of Professions was reported. The resignation of Lloyd N. Richardson from the State Board of Health was announced. Sponsorship of a Pharmacy Economics Seminar was discussed.

Ali Ghan Shrine Country Club, Cumberland, Md., April 12, 1962

A report on the A.Ph.A. Convention in Las Vegas was presented by Secretary Gruz indicating the major matters of interest. A report on proposed regulations for the control of drugs in nursing homes was given. Assignments to sub-committees of the Legislative Committee in preparation for the 1963 legislature was presented. Appointments of pharmacists to County Medical Advisory Boards for Civil Defense was approved. A report was made of a course in medical self-help for pharmacists. The final report was given for the Swain Seminar. Plans were reviewed for a rally for the Quality Stabilization Bill featuring Senator William Proxmire. The Pharmacy Economics Seminar, Medical Care prescriptions and a mail ballot for election of officers were also discussed.

Kelly Memorial Building, May 24, 1962

Recommendations for appointment to the State Board of Pharmacy were approved. The results of the rally for the Quality Stabilization Bill were reported on to the effect that a flood of telegrams to Congress resulted. The final pre-Convention report was given. Medical Care prescription problems were reviewed and George M. Schmidt was appointed Chairman of a special committee to study fees and meet with state authorities. A resolution and contribution to the Scholarship Fund was approved. The By-Laws of the Congress of Professions was made subject to legal counsel approval. The pharmacist retirement plan of Ohio was presented and referred to a special committee for study. Amendments to the Constitution for a mail ballot and changing representation on the Executive Committee were not approved. A permanent committee on Constitution and By-Laws was recommended.

This, in summary, is a resume of meetings which often took the greater part of a day. The complete records are available to members at the Association office.

I wish to thank you for the honor and privilege of serving the Association as Chairman of the Executive Committee. My deep appreciation is extended to all the officers and members of the Executive Committee as well as to the Association staff for devoting so much of their time and efforts toward the effective and successful conduct of the state professional society for pharmacists—the Maryland Pharmaceutical Association.

REPORT OF THE BUILDING COMMITTEE

Jerome Cermak—Chairman

Although the Building Committee has not officially met during the year, individually the members of the Committee have on several occasions visited the Kelly Memorial Building for routine inspection.

No major improvements other than regular maintenance was necessary during the year. A fund allocated for the purpose of maintenance, repairs and other improvements is at the Association's disposal; known as the Kelly Memorial Fund.

The Kelly Memorial Fund is maintained by both the Baltimore Metropolitan Pharmaceutical Association (whose annual assessment is $1000.00) and the Maryland Pharmaceutical Association, which pays $2.00 annually for each active and affiliate member. The Treasurer's Report included the financial status of the Kelly Memorial Fund.

The Kelly Memorial Building will continue to serve as the headquarters of Pharmacy for the State of Maryland.

A major improvement contemplated in the near future is the paneling of the basement meeting room, for which estimates have been received and possibly the installation of window drapes to further enhance the beauty of the building. Possibly some work will be needed on the grounds surrounding the building sometime this year.

I should like to express my thanks to the following men who make up the Building Committee: John F. Wannenwetsch; H. A. B. Dunning; Frank Block and Irving I. Cohen.

Mr. Charles E. Spigelmire was called upon to read the report of the Trade Relations Committee and Mr. Spigelmire said:

"It is most unfortunate that the chairman of this committee is unable to be with us today, and present this report in person. Here is a man who has always given generously of his time, his ability and his talent for our Association. He has always put forth a supreme effort to solve the many problems confronting his committee. Here is a truly dedicated man. I only hope I can inject the same sincerity into his report that he has put into our Association during the past years.

REPORT OF THE TRADE RELATIONS COMMITTEE

Aaron M. Libowitz, Chairman

Read by Mr. Charles E. Spigelmire

The function of this committee as defined in the Proceedings Number of The Maryland Pharmacist is "To improve trade relations between manufacturers, wholesalers and retailers particularly in out-front merchandise."

The Trade Relations Committee investigated the following complaints from the members. and reported to the executive committee.

New Parke Davis & Company return goods policy: Merchandise on automatic shipment can be returned in six months for full credit. Errors in an order can be returned for full credit. Merchandise with an expiration date can be returned for exchange on the same item only, providing it is returned within six months after expiration. Retail promotion merchandise or deals at special discounts are not returnable at any time. Merchandise on our shelf up to three years, if bought outside a deal, may be returned in exchange for (1) Lavacol (2) Surgical dressings (3) U.S.P. and N.F. preparations, liquids or tablets. Merchandise on our shelf from 3 to 5 years is subject to a refinishing charge. Allowance up to one-half credit in exchange for (1) Lavacol (2) Surgical dressings (3) U.S.P. and N.F. preparations. Items over five years old, no credit granted.

Manufacturers should provide information reference to antidotes for drugs. On contacting five of the leading manufacturers, we find that antidotes for all drugs are sent to the National Poison Control Center in Washington, D. C. The National Center forwards this information to all local Poison Control Centers in the United States. If the pharmacist or doctor phones the local Poison Control Center, this information is available at once.

Why has E. R. Squibb blister packed it's Sweeta Preparation? And what is its return goods policy? We contacted Mr. Norman Silsby, Professional Service Manager for E. R. Squibb & Sons at 745 Fifth Avenue, New York City, New York. Sweeta is sold to drug stores only. All Sweeta promotions are for drug stores only. Sweeta was blister packed so it could be displayed by rack or peg board. Since this change, sales on Sweeta has increased. The merchandise has been removed from drawers in drug stores and placed on display. Squibb's Return Good Policy has not changed. If you do not buy direct, drop a postal card to the sales representative, a credit will be issued through the jobber.

Our president, Norman J. Levin, requested this committee to devote particular interest in developing a one day Seminar to be held in Baltimore regarding the commercial aspects of the community pharmacy drug store. After many meetings and brainstorming sessions, we came up with about fifty topics on selling, buying, merchandising, and how to help you make more profit in your business. This list has been reduced to fifteen topics and will be reduced further. As this is the first time a business economic seminar has been held in Maryland, a lot of research, study and discussion was necessary to get it started. The seminar will be held in Baltimore in October. Registration will be at 9 A.M.—Lunch at noon and will close by 4:30 P.M.

With the approval of the executive committee, it will be called the Maryland Pharmaceutical Association Simon Solomon Seminar on Pharmacy Economics. A fitting tribute to one of Maryland's outstanding pharmacists. Prominent speakers will be obtained, recognized as authorities in their field to make it an interesting day. Employee pharmacists as well as owners will find the program informative.

I am sure you are well aware of the many changes that have been taking place in retailing today. By attending the Maryland Pharmaceutical Association Simon Solomon Seminar on Pharmacy Economics in Baltimore in October, you will find some of the answers to: "The Coming Commercial Aspects of Pharmacy," "Programs for Profit in the Future," "Opportunities to Better Service the Community" and many other problems.

Ways to Improve Gross Profit

Everyone of us knows it cost more to make a telephone call. It cost more to turn on the electricity, to deliver, and for salaries. We also know our percentage of profits is getting smaller instead of larger. Dr. John L. Voigt, Director of Rutgers Pharmaceutical Extension, makes the following suggestions to improve Gross profits. The suggestions are simple and well worth studying.

1. Pricing of merchandise. All merchandise should be properly priced before it is put out for sale.

2. Price changes. Price changes should be made at once.

3. Rotation of stock. Rotate all perishable and dated merchandise. This holds particularly true in candy and food departments, films, cigars and cosmetics. Rotation means fresh, clean, bright merchandise.

4. Register Shortages. Take time in recording sale and making change. Always look up at the indicator to see that proper sale has been recorded, count change back to your customer—always call amount tendered.

5. Mark-downs. All merchandise that is either shop-worn, discontinued or obsolete, should be marked down for immediate clearance. No credit for this type of merchandise should be taken at time of inventory.

6. Personal Charges. Analyze personal charges carefully. Every clerk should purchase his needs at your store, especially since you are offering a discount. Sales clerks who smoke should be expected to buy tobacco from you.

7. Prevent overstock. Overstocked store means cramming of merchandise and eventual damage to goods. Overstock leads to shrinkage.

8. Tobacco departments selling only cigarettes, tobacco and cigars will lower your gross profit. Proper merchandising and selling of profitable sundries will help bring up overall gross profit.

9. Proper selling. Improper selling by sales clerks will effect your gross profit. Increase the efficiency of your personnel's sales

ability and you will help increase gross profit. Watch your clerks sell.

10. Issuance of cash register receipts. Cash register receipts should be given out with every transaction. This is a must.

11. Displays. Try to keep displays lower, so that customers can be seen. High displays are a haven for shoplifters.

12. Recording of sales. Clerks should be properly scholoed in the use of register procedure. Overring slips should be made out at once, in case of error. No make-up sales. Keep checking to see that clerks ring up the proper sale.

13. Refunds. This is a good outlet for anyone who wants to be dishonest. Name and address of customer should be placed on all refunds. Watch out for the clerk who has too many refunds.

14. Hangout. Prevent your store from becoming a "hangout." Many dishonest people will linger around your store, waiting for the opportunity to steal. It is important that you discourage loungers.

15. External pilferage. Be constantly on the alert for persons who try to shoplift. Watch out for suspicious looking characters. Keep eyes on groups of children or teenagers who bunch together around displays. Remember, shopping bags, newspapers, overcoats are implements used by shoplifters.

16. Special customers. Watch out for "special customers" who request certain personnel to wait on them. Ofttimes a customer will go to a special clerk because he is able to get merchandise at a reduced price.

These 16 points are commonplace in a pharmacy, but if strictly enforced will stop leaks and result in a higher gross profit.

I wish to thank the members of my committee for making this report possible. Also Nathan Gruz, our secretary, for his time and patience in making the Pharmacy Economic Seminar possible. Thank you.

REPORT OF THE PROFESSIONAL RELATIONS COMMITTEE

Stephen J. Provenza, Chairman

Mr. President, distinguished guests, fellow members of the Maryland Pharmaceutical Association and friends:

Dental

The following letter was received from Dr. W. O. Ramsey of the Maryland State Dental Association:

July 7, 1961

Dear Steve:

Please accept this lagniappe as a token of appreciation for your splendid contribution to the program of the annual meeting of the Maryland State Dental Association. Your material was well organized, excellently presented, and of interest and value to the entire audience. Congratulations and thanks for a job well done.

Sincerely,
W. O. Ramsey, D.D.S.

As in previous years our Association was given space at the annual meeting of the Maryland State Dental Association, held at the Lord Baltimore Hotel on May 7 and 8. Attention was called to the importance of prescription medication in dentistry to assure the patient of exact dosages of drugs selected for his condition, thus giving him the benefit of a careful, considerate and individualized service. Application blanks for federal narcotic permits were distributed to those dentists interested. As in previous years attention was called to the training of the pharmacist who can prepare many formulas useful in the dental office at an appreciable saving in cost and more conveniently than through the dental supply house. Dentists were urged to purchase "Accepted Dental Remedies" published yearly by the American Dental Association—the best source of information available on drugs pertaining to dentistry.

Our committee met with Dr. A. A. Silver of the Maryland Diabetes Association and planned to distribute testing kits gratis through the cooperation of the drug stores of Maryland. Approximately 50,000 of these were distributed by pharmacists. Wide publicity was given by the Baltimore Sun, the Hearst publications and the local and state radio and television facilities. In Salisbury a Diabetic Detection Center was established and carried out its program with Pharmacist Kraus participating. I want to especially thank Pharmacist Charles E. Spigelmire for his cooperation in arranging for publicity and also to Joseph Gordon of the Publicity Department of the Baltimore City Health Department.

Medical Meetings

On April 4, 5, and 6 our Association and the Baltimore Metropolitan Pharmaceutical Association sponsored an elaborate exhibit at the annual meeting of the Medical and Chirurgical Faculty held at the Alcazar on Cathedral Street in Baltimore. The theme was "Your Pharmacist — Source of Drug Information." Pictures of this exhibit have appeared in the Maryland Pharmacist. The registration of physicians, internes, public health officials was the greatest on record. Dr. Charles Mayo of the Famous Mayo Clinic was one of the participants in the program. An effort was made to change the name of the Medical and Chirurgical Faculty of Maryland to a more simplified title but was defeated. Many registered at our booth from every county of Maryland, and those interested were given booklets furnished by the Federal Narcotic Bureau in Baltimore on the current Federal Narcotic Regulations.

Health Fair

During March together with Dr. A. A. Silver of the Maryland Diabetes Association and a group representing various health agencies in Maryland went to Wilmington, Delaware to attend the Health Fair. We spent the whole day studying this activity which attracted over 100,000 visitors. Elaborate educational health exhibits, most of which came from the United States Public Health Service and the American Medical Association, were effectively arranged in the large National Guard Armory. During the day groups of children from the public and parochial schools were taken through a guided tour of this Health Fair. During the evening hours from 6:30 P.M. to 10:00 P.M. the general public attended. Our Maryland group was extended the courtesy of having a meeting with the Delaware committee at which they explained their experience and the methods used to successfully carry on this Health Fair.

Last week your Chairman attended a meeting sponsored by the Maryland Public Health Association, which proposes to hold a Health Fair in Baltimore when the Civic Center is completed.

During the year meetings have been held to establish the Maryland Congress of Professions representing 8000 members of the medical, dental, legal and other health groups. At this time this organization is in the formative stage and in the future is to fight for objectives for our mutual benefit and common interest.

On April 26 Dr. Paul F. Guerin, representing the Maryland Association of Pathologists, presented a paper with the following title, "The Hospital Encroachment on the Private Practice of Medicine." It was given in Osler Hall of the Medical and Chirurgical Faculty Building at 1211 Cathedral Street. It has appeared in the May issue of the Maryland Pharmacist. Those attending this meeting were able to see the renovated medical association building, where approximately $500,000 has been spent.

Maryland Academy of Medicine and Surgery

Two of our members — Charles E. Spigelmire and Victor H. Morgenroth, Jr.—presented an elaborated symposium with slides on the topic "The Low Cost of Pharmaceutical Products" before the Maryland Academy of Medicine and Surgery. Your Chairman at a later date was elected 3rd Vice-President of this group for the year 1962-1963. Dr. Conrad Acton of Baltimore is the Secretary of this group, which meets at the Belvedere Hotel.

Providing Drug Information to the Medical & Dental Professions

We practicing pharmacists have noticed lately that enclosures containing comprehensive drug information are being placed in most pharmaceuticals including ampuls, tablets, pills, liquids and other dosage forms. The Food & Drug Administration after twenty-five years has changed their attitude and now agrees the pharmacist is a good source of drug information. They found that it was not practical for the physician to write to the pharmaceutical manufacturer for further data regarding dosage, side effects, indications and contra-indications of drug products. The detail man, medical technicians, medical secretaries get instruction in medical terminology, enabling this group to discuss their problems intelligently with the medical profession.

Thus, a knowledge of the etymology of medical words will broaden the pharmacist's vocabulary and thus promote a better understanding of the brochures, medical journals and other scientific literature that he receives.

The following books will prove to be valuable additions to your drug reference library:

Dorland's Medical Dictionary
Pepper's Medical Etymology
McCulloch's Latin & Greek Medical Treatise
Journal of the American Medical Association

Visit to Baltimore by Smithsonian Medical Science Curator

Several weeks ago your chairman was visited by Dr. Sam I. Hamarneh, Acting Curator, Division of Medical Sciences, Smithsonian Institution, Washington, D.C. He had been visiting Princeton, New Jersey; Philadelphia, Pa.; and the Welch Library, getting historical information regarding Dr. Wm. H. Welch, Dr. Henry Sigerist and Dr. Arturo Castigioni. Dr. Hamarneh visited Morris Cooper's drug store to view his mortar and pestle collection and visited my home to see my collection of apothecary jars. He summarized his visit by stating that the apothecary jar deserves a place in the history of pharmacy as well as in that of medicine, and in the history of art as well as in the history of the evolution of civilization.

In conclusion, I wish to offer my personal thanks to Aaron M. Libowitz for his guidance and initiative. Other members who have greatly helped by attending many night meetings and spending morning and afternoons at our exhibits are the following: Co-Chairman, Jerome Mask; Joseph U. Dorsch, Jerome J. Cermak, George J. Stiffman, Norman Levin, Frank Levay, Nathan Gruz and Bernard B. Lachman.

Thank you for your attention, and if there are any questions I shall be glad to answer them.

REPORT OF PUBLIC RELATIONS COMMITTEE

Charles E. Spigelmire, Chairman

PRIDE IN MY PROFESSION

Help me to be a pharmacist.
Knowing all the good that drugs possess,
Closing my mind to the evil they can produce,
Using them only to help a suffering mankind
Help me to touch drugs with a reverence
Knowing they can offer life or death,
Depending upon the accuracy with which I can dispense them,
Help me to be a good pharmacist,
Not only because I seek to gain the respect of others,
But so that I might be able to respect myself.

During the past year the work, the aims, and the projects of your Public Relations Committee have been many and varied. It had to do with many, many different types of people, with ever changing thoughts and ideals. We learned that when dealing with people, it was well to remember we were not dealing with creatures of logic. We were dealing with creatures of emotion, creatures bustling with prejudicies, and motivated by pride and vanity. It was amazing to us, that whenever we developed our programs, along emotional and human phases rather than logical, our audio and audio visual audiences showed a tremendous increase.

Your Publicity Committee firmly believes that many of the ills which have beset pharmacy in the past and which continue to belabor it in the present have been brought about by a lack of understanding and a lack of efficient and intelligent publicity. We felt our problem was one of education rather than alibis. With this thought in mind we developed our programs with the thought of correcting some of hte critical, and erroneous opinions held about us regarding the following problems.

The violation of Fair Trade laws, prescription pricing, substitution or attempted substitution, in any form. Physician and pharmacist tie-up. Last but not least, dollar thinking rather than professional thinking.

This was our basic platform, set up to continuously publicize the independent pharmacist. In addition to this we realized full well that independent pharmacy was facing the sternest kind of vigorous competition from all sides and sources. All of us know there are many different ways of facing competition but there is only one way to beat it, that is to induce the general public to give the independent pharmacist more of their drug dollars than anyone else.

With these thoughts in mind, we used every word, every phrase and every thought at our command to continuously tell the public that the independent pharmacist was truly their friend and best neighbor.

In directing our approach to the most effective forms of publicity, we decided the best media for publicizing our programs were magazines, the newspapers, radio and television. Previous experience had taught us that radio and television were the most desirable means of giving the maximum publicity at all times.

Every Sunday night from 10:30 to 10:45 P.M. during the past year, you received a continuous flow of favorable publicity over radio station W.C.A.O. These radio programs were informative, helpful and most enlightening concerning the numerous and confusing problems facing retail pharmacy today. Each broadcast tried to answer some of the important and difficult questions which have confronted our profession during the past year. We felt this time was used most judiciously when it helped you preserve the most priceless asset you have and that is a satisfied customer.

In a program defending prescription costs we tried to make your customers realize the pharmacists contribution to the medicine they all too often take for granted. The dispensing pharmacist's own years spent in college, his knowledge of the chemistry, biology and the physics of medicinal substances, his mature judgment in matters of an extremely confidential nature between physician and pharmacist. These factors too, are built into the cost of that medicine.

We felt the retail pharmacist must as the "frontline" of the entire profession, get these facts across at the prescription counter or at his civic organization or in his community groups. He must do this for the future of his colleagues, he must do this for his own future security.

When he sees the better part of a five dollar bill go for a prescription, the customer should know the bargain he's getting in health. If he understands what's in the pill he swallows I assure you will make a friend for yourself and for all of pharmacy.

In a program designed to emphasize the true profession of pharmacy and to strengthen professional thinking we stated that only through good interprofessional relationship between the two professions and through mutual respect and confidence can the two professions best serve society in pharmacy and medicine. At the present time it is the work of every pharmacist on the local level to convince the physicians, either individually or as members of local and state medical societies, that the dispensing of drugs and clinic pharmacy ownership are bad not only for the patient but for the physician himself and the medical profession as a whole. Pharmacy's position on the health team will not be endangered if diplomacy and statesmanship are used by the pharmacists. In fact, pharmacy can rise to great heights if pharmacists will take time to cope with the situation and make adjustments as time goes on. The future of pharmacy is in your hands. Guide it carefully.

Another program have our listeners a very enlightening and comprehensive story of the many laws and regulations governing the practice of retail pharmacy and how they helped to protect you and the public. But I must say that too often the pharmacist believes that through legislation he can restrict the sale of drug products to the drug store, and with this idea he sits back and basks in the sunlight of yesterdays volume, feeling that when things become rough all he has to do is to go to the legislature and pass another law, in the meantime, mail order houses, door to door salesman and non drug retailers are taking away his vitamin business. Pharmaceutical manufacturers and wholesalers are ready and willing to help the pharmacists gain the volume lost. The stimulus for increasing sales must come from the pharmacist himself and this stimulus must be extended to all personnel in the pharmacy.

One of our most interesting programs was one on which we asked the question "Why do you patronize your favorite pharmacy? "Everyone answering received by return mail a vitamin chart describing the functions and uses of the various vitamins. From the answers we found most people patronize their pharmacy because of confidence in the pharmacist, not because of bargain prices. The integrity of the individual pharmacist is unquestioned. If the price alone were the factor, the customer would be attracted to the store front with the most flamboyant signs, professionally, this is not the case.

The customer who feels that he has been overcharged is not in the mood to be lectured on modern therapeutic advances, research, the cost of a pharmaceutical education, or the pitfalls of pharmaceutical economics.

It has always been my feeling, that your Public Relations Committee should do everything in its power to help create a favorable image of pharmacy for you, your association and your customers. We have a committee functioning in our Maryland Pharmaceutical Association framework that has the training and ability to create a favorable image for us, and that is our public speakers bureau, a committee with which your Public Relations Committee works very closely. The tangible results of this group during the past year have been most discouraging. I am not critical of this situation, just disappointed. I feel it is mostly due to the fact that one of the faces of pharmacy which has been too often neglected is that of civic leadership, the retail pharmacy has often been defined as the most characteristic enterprise of every American town and city. The pharmacy is most important and occupies a place so common to the American scene that we tend sometimes to neglect or totally fail to recognize the powerful force that the pharmacist can exert in his community, it is difficult to understand why more pharmacists have not taken advantage of this enviable situation to assume civic leadership and to use their unique position to further those civic and political ideas and programs which would work to the benefit of pharmacy as a profession and to the whole democratic philosophy under which we live.

During the past year the public relations committee was called upon at different times to make telephone calls in an effort to insure the success of some important meeting or activity. The telephone calling was always done by members of this committee during their spare time, and at their personal expense. Never once did one of these men complain that they were imposed upon but they gave generously of their time and effort in making the hundreds of calls necessary. We did our best to demonstrate, that the independent pharmacist could function as a cooperative and cohesive unit.

In cooperation with the medical profession during diabetes detection week, we secured extensive radio and television facilities for this week so that the public would receive more completely the important messages being broadcast regarding this disease. Dr. A. A. Silver, Chairman of the Diabetes Detection Drive and Dr. Wilfred Davis, of the Baltimore City Health Department were most grateful and appreciative for our cooperation and generosity in this important health work. In a television program designed to picture pharmacy as a career we explained, the advantages of pharmacy as a life's work, its possibilities, as well as its limitations. We spent much time telling the people that the very nature of pharmacy of the future rests very largely in the hands of those engaged in education. We are charged not only with the responsibility of training for the ever changing retail practice, but we must recognize the many fine opportunities which present themselves in hospital pharmacy, manufacturing pharmacy, research and teaching. It is hard to believe it, but many of our present graduates will be practicing pharmacy in the twenty-first century. Let us not handicap them any more than is necessary by a smug curriculum which has not been realistically tested.

During Heart Month we conducted a program which described the many remedies and drugs employed today in the treatment of various heart ailments. The program was highlighted with the important advice, that all of these remedies could be obtained on prescription only, from your best neighbor, the friendly pharmacist.

It has been the thinking of your committee, that the most important work during this year for professional and retail pharmacy is National Pharmacy Week. During this week your Public Relations Committee exerted every effort at its command to bring to your customers attention how important you, the pharmacist is to their very existence. Here is where all of your publicity media were united in a hard hitting force that did its best to tell one and all that the pharmacist was truly their best neighbor. We functioned this way because we believe it is the practicing pharmacist who must tell pharmacy's story through window and store displays. Through displays in other strategic centers in the community, by advertisements and editorials in the local newspapers, interview programs and spot announcements on local radio and television stations, and by talks before local civic and parent teacher associations. You are the person who has the best opportunity for meeting the public, your customers, face to face, and of telling them about drugs, the biggest bargain in their family budget. Only the individual pharmacist can successfully put pharmacy's story across. Organized pharmacy can direct and help with the tools, but the responsibility is yours.

During the coming year we are going to need a lot of help and assistance to retain our present customers and secure new ones, against the vicious competition that is attacking us from all sides. In a sincere effort to enhance the importance of the pharmacist in their area, I am going to suggest that our association develop a program that will make each and every one of our stores a "Health Education Center." The cost of this project is trifling and insignificant when its latent possibilities are considered. Each store would be asked to place a small rack in a prominent place in his store, in which the information pamphlets would be placed. The pamphlets would not cost us a single penny because they could be supplied free of charge from the wholesalers, professional groups, manufacturers, research foundations, national pharmaceutical groups, federal and state government agencies and many other sources. In my humble opinion this is an operation that should be acted upon promptly by our association. I say this because I am very confident that the chains, supermarkets and discounters might realize that this is a real advertising bonanza.

Our work during the past year, was not that of any one individual, but rather the culmination of a cooperative effort of many, many wonderful people. It has had its headaches and heartaches but the magnificent spirit exhibited by this committee made the heavy burden seem light. The brilliant results obtained in our work were due to the untiring efforts of everyone who gave unstintingly of their time and ability when they were called upon to help. For his guidance and support I want to particularly commend our secretary Nathan Gruz. For their cooperation and advice I want to express my gratitude to Mrs. Lillian Boyd and Mrs. Geraldine Boan of our office staff.

Remember the world is not interested in the storms you encountered, but did you bring in the ship?

Thank you for your kind and patient attention.

REPORT OF THE SCHOOL OF PHARMACY COMMITTEE

Irving I. Cohen, Chairman

The School of Pharmacy Committee of the Maryland Pharmaceutical Association met informally in the past year with the Swain Seminar Committee. The details of the Swain Seminar will be included in another committee report.

The transition from the four year course to the five year course in the School of Pharmacy is proceeding on schedule. Since the five year course was optional in 1959, the last year that students could enroll in the four year course, only a small number of students considered the optional five year plan. Two of these students enrolled in the first year of the professional program in Baltimore this past year as will be reported to you by Dean Foss.

Although it is the desire of the school to establish and equip a Model Pharmacy and Museum, little work could be done in this direction during this past year. It is hoped that this work can be pursued in future years.

Recommendations for the coming year:

(1) That the Model Pharmacy and Museum be completed at the earliest practical date.

(2) That a closer relationship be established between the students and the Maryland Pharmaceutical Association. It would appear that the establishment of a combined student branch of the American Pharmaceutical Association and the Maryland Pharmaceutical Association may be advantageous in this direction.

My thanks to my committee members and to the Dean and staff of the School of Pharmacy for their excellent cooperation and assistance.

REPORT OF THE MEMBERSHIP COMMITTEE

Alexander J. Ogrinz, Jr., Chairman

Each year the membership committee report must note that association dues are paid on a calendar year basis, while the fiscal period of the association ends on May 31st. This means that your present committee will continue to enroll delinquent members till year end. Letters and personal solicitation will continue after this convention in an effort to coral a high percentage of our approximately 1500 pharmacists.

This indeed is a pleasurable report to make because our membership as of June 22, 1962 was at its highest peak ever. The total membership on June 22 was 874 active, associate, and affiliate members. The previous high of 864 was reached on Dec. 31, 1961. The total picture with Convention 1961 and Dec. 31, 1961 comparisons reads as folows:

	Active	*Associate*	*Affiliate*	*Totals*
Convention 1961	546	227	18	791
Dec. 31, 1961	581	264	19	864
Convention 1962	565	290	19	874

We thus have a plus 83 over the 1961 Convention

I am sure most of you are familiar with Article 4 of our Constitution and by-laws which directs that our executive committee be composed of five districts and Baltimore City. It seems appriate at this time to break down the 565 Active memberships into their representative districts and counties and compare it to the number of pharmacies in the district. An effort from these figures to designate the number of pharmacies with and without membership in our association will not be 100% correct, but will be accurate enough to present a picture. When we bring pharmacies into this picture we encounter such things as a partnership with one membership or three memberships in one pharmacy. Because our organization welcomes all pharmacists we have many active memberships with no drug store affiliation. Future reports, I am sure, will explore this more deeply but my initial picture will read according to the figures in the attached tabular form.

The committee felt that a report such as this, published in the proceeding number could serve as a ready reference to our officers and committee men and possibly inspire membership recruiting. This recruiting is earnestly solicited and desperately needed.

Many thanks to all who have had a part in establishing this record, particularly Secretary Gruz and the office staff. Keep up the good work.

MARYLAND PHARMACEUTICAL ASSOCIATION MEMBERSHIP RECORD

Active Members as of June 22, 1962

	Total Pharmacies	Pharmacies with Members* (Active Memberships)	Pharmacies without Members	Percentage of Pharmacies with a Member
COUNTIES OF DISTRICT #1	48	40	8	83%
Caroline — 3				
Cecil — 6				
Dorchester — 4				
Kent — 4				
Queen Annes — 4				
Somerset — 5				
Talbot — 7				
Wicomico — 9				
Worcester — 6				
COUNTIES OF DISTRICT #2	181	81	101	44%
Anne Arundel— 40				
Baltimore —123				
Harford — 11				
Howard — 7				
COUNTIES OF DISTRICT #3	144	102	43	70%
Calvert — 3				
Charles — 6				
Montgomery —69				
Prince Geo. —61				
St. Mary's — 5				
COUNTIES OF DISTRICT #4	35	31	4	88%
Carroll —11				
Frederick —11				
Washington —13				
COUNTIES OF DISTRICT #5	23	(25)	6	73%
Allegany —20		(17+8)		
Garrett — 3				
COUNTIES OF DISTRICT #6	345	275	70	79%
Balto. City —345				
MISCELLANEOUS ACTIVE—OUT OF STATE—11				

*NOTE: Includes all dues-paid members whether proprietors, partners, or non-proprietors.

REPORT OF SWAIN SEMINAR COMMITTEE

Alexander J. Ogrinz, Jr., Chairman

The second annual Robert Lee Swain Pharmacy Seminar was held on Thursday, March 15, 1962, in the University of Maryland Health Sciences Library Auditorium in Baltimore, Maryland. This Seminar, as the first, was co-sponsored by the University of Maryland School of Pharmacy and the Maryland Pharmaceutical Association. The theme of the 1962 Seminar was the subject of Endocrines.

Dr. Leslie C. Costello, Associate Professor of Anatomy and Physiology of our school was the first speaker of our morning session. His topic, entitled "General Endocrine Physiology was a true refresher course on the physiology of these glands. Dr. Costello was followed by Dr. Casimer T. Ickniowski, Emerson Professor of Pharmacology of the Pharmacy School. Dr. Ickniowski discussed the "Pharmacologic Aspects of Endocrines and related Drugs." His presentation encompassed the responses of these glands to stimulating and depressing drugs.

Our two professors set the stage for the afternoon lecture of Dr. Herbert S. Kupperman who spoke on the "Newer Advances in Endocrine Therapy." Dr. Kupperman is the Associate Professor of Medicine of the New York University and is consultant to the A.M.A. Council on Pharmacy and Chemistry. This gentleman invaded our prescription room and gave a capsulecast of just about every new endocrine product of the last decade. His review could well be described as colorful, complete, educational, and somewhat entertaining.

The committee felt that pharmaceutically educational topics such as this were the intent of the Seminar and consequently pursue this thought with vigor. The committee held several meetings and emerged from the January 17th meeting with instructions to Secretary Gruz to publicize the Seminar as follows:

1. Personal letters to the charter attenders of 1961.
2. Letter and application forms to all M.P.A.B.M.P.A., T.A.M.P.A. and the Medical Representatives.
3. Notices to the P.M.A., Proprietary Association, and the Deans of the various University of Maryland schools.
4. Invitation to the secretary of the D.C. Association and its members.
5. Bulletin to the Prince Georges—Montgomery County Pharmaceutical Association mailing list.
6. Publicity in the B.M.P.A. Newsletter
7. Publicity in the Pharmacy Alumni Bulletin along with application coupon for registration.
8. Releases to all wholesalers.
9. Newspaper publicity.

Now if you should consider this as "all out" publicity you should expect a fair turn out of the pharmacists of our state who by now must be starved for educational information of this type. But lets take a look at the results:

The paid attendance was 85 persons for the full day session and 4 for the half day session.

Receipts were $490.00; Expenses $521.38; Deficit $31.38.

I have taken your time with these details to inform the body and the executive committee of this disappointing attendance in the hope that there may be taken another look at some stimulating promotions in behalf of perpetuating this informative assembly.

Dr. Swain has expressed a desire of seeing this Seminar serve the highest purpose and make truly worthwhile contributions to the progress of the profession. He will meet with our 1963 committee to discuss this matter with the purpose and with the hope of making the Seminar a truly constructive force for the benefit of our calling.

Many thanks to our honorary chairman Dr. Noel Foss and to the many members of our committee and Irving I. Cohen, Chairman of the School of Pharmacy Committee for their efforts in the Seminar's behalf.

REPORT OF PUBLICATIONS COMMITTEE

B. Olive Cole, Chairman

The functions of the Publications Committee are to examine the MARYLAND PHARMACIST, to make editorial contributions, obtain advertisements and improve the publication generally.

The Committee held one meeting during the year, mainly to revise charges for advertisements due to increased cost of printing and distribution of the publications. These changes were put into effect early in the fiscal year and seem to be generally satisfactory to both advertisers and printer. New advertisements from groups interested in pharmacy would greatly assist the finances of the Association and also bring prestige and direct interest in the product or service offered.

There has been some expansion in editorials and feature articles. Dr. Benjamin F. Allen of the School of Pharmacy is active in contributing monthly scientific articles, which articles interest not only the local readers but have been sought by many foreign groups. Mr. Simon Solomon contributed an interesting and comprehensive article on the Quality Stabilization Bill. Dr. Robert L. Swain has sent in several articles dealing with the profession of pharmacy. Dr. John C. Krantz recently contributed an article describing research on heart remedies. Notes on past history of pharmacy in Maryland have been continued. Contributions from members of the Association vitally interested in pharmacy are solicited and would enhance the value of the publication.

The activities and interests of the Maryland Pharmaceutical Association, The Baltimore Metropolitan Pharmaceutical Association, The Alumni Association of the School of Pharmacy, The Maryland Board of Pharmacy, The School of Pharmacy, the TAMPA and LAMPA are recorded in the monthly and annual numbers of the publication. These reports are of local and national interest and are sources of information for pharmacists. More of these reports would further enhance the value of the publication.

The reports of the Treasurer, of the many Standing Committees of the Association and of addresses and papers given at the Annual Convention, which are included in the Proceedings number of the publication, are of value as reference articles to the members of the Association.

The following were the members of the Publications Committee for 1961-62:

Frank J. Slama
Noel E. Foss
Francis S. Balassone
Simon Solomon
John F. Wannenwetsch
B. Olive Cole, Chairman

We thank you for your cooperation and ask for suggestions for improving the publications.

REPORT OF THE LEGISLATIVE COMMITTEE

Victor H. Morgenroth, Jr., Chairman

The Legislative Committee met many times during the year, but it was decided at the first meeting, the Legislature being in a short session, and accepting only legislation pertaining to revenue matters within the state, that the Legislative Committee of the Maryland Pharmaceutical Association would not have a program for 1962 legislature. Just prior to this legislature, you will all remember that there were great changes in this area and much of the time of the Legislative Committee working with the Secretary was taken up with legal matters, etc.

The Committee acted as a watchdog on the 1962 Legislature to see that nothing was going to be introduced that would be a detriment to pharmacy. As soon as the Legislature had adjourned, the Legislative Committee met and it was decided at that time that the scope of legislative problems facing an entire committee was so broad and so complex that it would be practically impossible for the committee to consider all of these as a whole. The chairman and the co-chairman evolved a plan of sub-committees of the Legislative Committee to study individual problems and with Frank Block the co-chairman acting as sub-committee chairman for a group we asked Jerry Mask to take the chairmanship of the subcommittee to study the state uniform food and drug act in accordance with Senate Joint Resolution No. 20 of the Legislative

Session of 1962, which requested the Governor to appoint a Commission to study the revision and review of all drug laws. With Jerry we asked Si Solomon and Milton Fitzsimmons and Walter Albrecht, John Neutze, Max Krieger and Carl Nitsch to act as a sub-committee to study these laws. Since the sub-committees have done all the work, I have requested the sub-committee chairmen to take one minute of your time to give their individual reports of these sub-committees so that you will know exactly how they are preparing and moving forward. I have just a few words to finish up my part of this report and that is to tell you that sub-committee number two was under the chairmanship of Morris Yaffee with Jim Parker, Herman Taetle and Les Batie, to study pharmacy ownership laws. As a by-line, we attempted to place these committees in geographical location so that they could hold their subcommittee meetings in an area that would prevent people coming great distances to sub-committee meetings. I asked Greg Leyko, who was the Legislative Chairman of the Baltimore Metropolitan Pharmaceutical Association, to accept the co-chairmanship of a second sub-committee group consisting of a sub-committee headed by Aaron Libowitz with Jerome Block, Henry Seidman and Morris Lindenbaum studying the laws that pertain to itinerant vendors and over-the-counter drugs formerly legend drugs. When legend drugs have been taken off of their legend by the Federal Government, and placed on over-the-counter, we had a bill in the legislature where we had hoped to propose to the legislators that we would maintain legend responsibility in Maryland. The other subcommittee on studying the problems of closed door pharmacy, physician owned pharmacies and pharmacists working in these types of establishments was put under the chairmanship of Mr. Bernard Cherry, with Herman Drukman, Hyman Davidov and Jack Wannenwetsch serving as that sub-committee. I talked with Mr. Leyko, who is unable to be here, and he reports that his two sub-committees have both of these subjects under consideration. We are privileged, however, to have Jerry Mask here who has done an outstanding job on the studying of the state uniform act, with his committee, and Morris Yaffee on pharmacy ownership and with your permission and indulgence for just a minute, I would like to ask Jerry Mask under Sub-Committee One if he will give you a quick report of how far they have progressed.

REPORT OF LEGISLATIVE SUB-COMMITTEE TO STUDY UNIFORM STATE FOOD AND DRUG LAWS

Jerome Mask, Chairman

This sub-committee was formed to study the Uniform Food and Drug Laws as a result of a commission appointed by the Governor to study the same problem.

A meeting was held by the committee at which all the members were present. After discussing the food and drug laws of Maryland, especially those pertaining to Pharmacy, and with a view toward the Federal Food and Drug Laws, it was unanimously agreed that in general the Maryland laws were adequate, and in many ways superior to the Federal Laws. We, therefore, decided to study the laws of other states for possible improvement in the Maryland laws. Our Secretary was instructed to obtain those food and drug laws of other states that had recently been revised.

It was also agreed that the Pharmacy laws were basically sound, but that some revisions, additions and deletions were desirable. Again our Secretary was instructed to obtain the laws of other states for comparison to our Pharmacy laws and possible improvement of these laws.

At present, the sub-committee is awaiting the copies of these laws from other states. We are also waiting to learn what direction the state commission will take in reference to the Uniform Food and Drug Laws.

Mr. Morgenroth announced that Executive Secretary Gruz had just been appointed by the Governor to the Commission to Examine and Revise the Food, Drug, Poison and Narcotic Laws of Maryland.

He said pharmacists through the means of the Association should present their views on legislation affecting pharmacy.

LEGISLATIVE SUB-COMMITTEE REPORT PHARMACY OWNERSHIP OF PHARMACIES

Morris R. Yaffe, Chairman

After several meetings of the Sub-Committee to discuss material, gathered on this subject by the chairman, the following is this committee's report:

After many hours of consultation with the Legal Division of APhA; namely one Raymond J. Dauphinais; who is doing research on this same subject for the APhA we extracted the following information which was discussed by the Committee:

In 1928 litigation was brought by Louis K. Liggett Co. vs. Baldridge, Attorney General of Pennsylvania in the Court of Appeals of the U.S. for the Eastern District of Pennsylvania, attesting to the constitutionality of an act of the Pennsylvania legislature which provides that every pharmacy or drugstore shall be owned only by a licensed pharmacist, and, in the case of corporations, associations, and copartnerships, require that all the partners or members thereof shall be licensed pharmacists, with the exception that such corporations as are already organized and existing and duly authorized and impowered to do business in the state and own and conduct drugstores or pharmacies, and associations and partnerships, which, at the time of the passage of this act, still own and conduct drug stores or pharmacies, may continue to own and conduct same.

The main points of this Supreme Court decision are:

(1) A state statute forbidding any corporation to own a pharmacy or drug store in addition to those owned at the time of the enactment, unless all of its stockholders are licensed pharmacists, violates the due process clause of the Fourteenth Amendment as applied to a foreign corporation which owned such stores under license of the State and sought to extend its business by acquiring and operating others.

(2) Mere stock ownership in a corporation owning and operating a drug store can have no real or substantial relation to the public health.

In the light of this opinion which has been used as a stalwart claim against any legislation against the *business* of pharmacy or control thereof by pharmacists legislation toward this end seems impractical. However, it is the opinion of this Committee and Mr. Dauphinais, that as long as Pharmacy is operated as a *business* we have no way of legislating for the above cause without violating the Fourteenth Amendment. But, if Pharmacy were operated as a profession, legislation could be accomplished.

It is toward this end that the APhA is working. We think that legislation is possible if the Pharmacy were operated as a separate entity, unincorporated from the Drugstore portion. This can be done by physical change and is not too impossible. The State of New Jersey has written legislation to include such a situation, however, to date they have not gotten anywhere with it.

The State of Minnesota has a Pharmacy Law which states:

> The Board of Pharmacy of the State of Minnesota shall hereafter refuse to grant licenses for the operation of pharmacies or drug stores in the State of Minnesota to individuals who are not registered pharmacists in the State of Minnesota and to corporations which are not owned and controlled by pharmacists registered in the State of Minnesota, unless the issuance of licenses to other individuals or corporations is a necessity from the standpoint of public health and welfare. All sales of the corporate stock of a corporation to which a license to conduct a pharmacy has been issued, shall be reported to the Board of Pharmacy forthwith upon forms furnished by the Secretary thereof. A sale of such stock resulting in a change in the control of such corporation constitutes a change of ownership within the meaning of this regulation.
>
> Provided, however, that this regulation shall not affect pharmacies or drug stores for which licenses have already been issued and which are in actual operation at the time of adoption of this regulation.

However, all these laws have not been tested, but they all violate the due process clause of the 14th Amendment.

The members of this sub-committee were:

Herman Taetle, James A. I. Parker and Lester Batie.

REPORT OF THE PHARMACY WEEK COMMITTEE

Milton A. Friedman, Chairman

The Maryland Pharmacy Week Committee this year attempted to promote Pharmacy Week at the local level by enlisting the aid and support of all city, county or regional pharmacy groups. It was felt that a great deal of local interest and pride could be engendered in this manner, and we believe our plan was successful.

Stephen Provenza served as chairman for the Baltimore Metropolitan Druggists Association, Les Brunett served for Prince George County, Henry Glick was chairman of the Alleghany-Garrett County committee, John E. Donaldson represented the People Drug Stores, Nelson Warfield represented Read's Drug Stores, Irvin L. Kaminitz chairmaned the Salisbury area, the Easton promotion was under the leadership of Thomas M. Payne, William Kitchin was chairman for the Annapolis area, Arthur Harbaugh was chairman for the Hagerstown area, and Dave Newman was chairman for Havre de Grace and Elkton. I trust I have not forgotten others.

Our own State Committee worked diligently to coordinate the efforts of all the groups. We are proud to say that more than 200 window displays were created throughout the State. The Radio and TV stations of Baltimore and of the counties were most cooperative and helpful in carrying spot announcements. The Maryland Pharmaceutical Association placed an advertisement in The Evening Sun. Many other pharmacists grouped together and placed local ads. on their own.

Proclamations were issued by the Governor, by the Mayor of Baltimore and by the mayors or county commissioners of a number of the counties and cities. Many displays were carried in public buildings, hospitals, etc. Several newspapers ran editorials on National Pharmacy Week extolling the virtues and importance of Pharmacy as a profession.

The judges for the State entries were: Dean Noel Foss, Miss B. Olive Cole, Mr. Dean Leavitt, Mr. John Seargeant (of the Medical and Chirurgical Faculty of Maryland).

The winners:

First Prize—Read's Northwood, Baltimore.
Second Prize—Morris Cooper (Cooper Pharmacy), Baltimore.
Third Prize—Isaac Kerpleman, Salisbury Drug, Salisbury, Md.

The committee wishes to commend the Read Drug Stores for its entry of 48 windows. It has been suggested, and the committee recommends, that a special division be established for chain stores in the future.

Mr. Friedman commended Stephen Provenza for the article in the Sunday Sun Magazine about his pharmacy antiques. He stated it was good public relations for pharmacy.

REPORT OF THE GRIEVANCE COMMITTEE

Gordon A. Mouat, Chairman

During its first year of operation this Committee charged itself to consider only grievances that were brought to its attention.

During the past year your chairman has received no direct complaint nor have any been referred by the Executive Committee. I am pleased to report that with the absence of any request for action it has not been necessary to call a meeting of this Committee.

It speaks well for the conduct of pharmacists to render this report.

REPORT OF THE COMMITTEE ON CIVILIAN DEFENSE

Jerome Mask, Chairman

The goals of the Civil Defense Committee were two-fold. First to cooperate with the Civil Defense authorities of the various political sub-divisions and second to promote pharmacy as being a public-spirited, qualified, necessary, integral part of the medical problems that would occur in the event of emergency disaster situations.

To accomplish this, the committee first sent out questionnaires, One was sent to the members of this organization to determine the men who were already enrolled in Civil Defense activities, their placement and duties. Also to determine the men who were willing to cooperate with the Civil Defense authorities in the preparation for survival of this country in the event of disastrous situations. A second questionnaire was sent to the health departments of the various counties, the city, and the state, to determine if pharmacy had been included in their advisory boards for Civil Defense.

In response to the first questionnaire a good 37 per cent were returned. These were examined and sorted into several categories for use of the Civil Defense officials.

In response to the second questionnaire, we were able to place a pharmacist on the advisory boards of eleven of the counties of Maryland. The following men were appointed by President Levin at the recommendation of the Civil Defense Committee - John Deans, Somerset County - Clinton W. Englander, Garrett County - Milton L. Hillman, St. Mary's County - Isaac E. Kerpelman, Wicomico County - William Y. Kitchin, Anne Arundel County - Morris R. Yaffe, Montgomery County - Milton Sarubin, Howard County - George M. Schmidt, Cecil County - Robert S. Sinker, Prince Georges County - Reese E. Whitesell, Frederick County and Edward C. Wilson, Worcester County.

In addition the following had already been named to serve on the advisory board to the health departments of - Baltimore County, James Mask - Baltimore City, Samuel I. Raichlen - Maryland State, Francis S. Balassone - Caroline County, James W. Truitt, Jr.

To accomplish the second objective, the committee decided to actively support the Medical Self Help Program of the Civil Defense Department of the United States through the various county health departments. A course was offered to the pharmacists of the Baltimore Metropolitan Area, in preparation to having them give the course to the public in general. The response to this was enthusiastic in word but poor in deed. Only five pharmacists completed the course, however, the committee still feels that this is a program that can raise the prestige of the pharmacist to the state officials, the medical profession and the public in general.

We therefore recommend that the objectives of this committee be continued by this association for next year. We recommend that the 1962-63 committee try to increase the interest and participation of the members of this organization in this program. We also recommend that the men appointed to serve on the various health department advisory boards continue in this capacity for the ensuing year.

CONCLUSION

President Levin announced the conclusion of reports for the day. He commended the chairmen and their committee members for their comprehensive reports which showed the great activity going on within the Association. The President stated that the report of the Maryland Board of Pharmacy would be given the next day. He also announced meetings of the Resolutions Committee and the Special Constitutional Amendment Committee for the evening.

President Levin reviewed the convention format and program as follows:

"Every morning at the opening of the meeting we will have an Early Bird Prize Drawing promptly at 10:00 A.M. We have excellent speaking programs arranged for Tuesday and Wednesday with discussion. Every night from 6 to 7 P.M., Monday, Tuesday and Wednesday evenings there are free hors d'ouevers in the Dixie Lounge. Tonight at 8:15 P.M. a world series film of 1961 in color, courtesy of the Coca Cola Company, will be shown in this room. At 9 P.M. the Valley Dancers followed by square dancing for all will be held at the patio by the pool and there will be chuck wagon refreshments afterwards. Please come dressed in appropriate costume. Every morning there will be a daily bulletin of events for the day that is prepared for the Convention courtesy of the Calvert Drug Company and every morning at your door there is a morning Sunpaper which is given to you courtesy of the Henry B. Gilpin Company. Breakfast is served every day from 8:00 to 9:30 A.M., lunch in the dining room from 1:00 to 2:30 P.M. or at the patio by the pool. Dinner from 7:00 to 8:30 P.M. For those who miss breakfast, there will be a continental breakfast served in the Continental Room. Please wear your badges at all times. We will now have the drawing of the prizes."

First Session adjourned at 4:45 P.M.

SECOND SESSION

Tuesday, June 26

The Second Session of the 80th Annual Convention of the Maryland Pharmaceutical Association was called to order in Assembly Hall by President Norman J. Levin at 10:00 A.M.

1st Vice President Victor H. Morgenroth, Jr. delivered the Invocation:

Philip P. Weiner was the winner of the "Early Bird" attendance prize.

Mr. Peter Yonavick, County Commissioner, Berks County, Pennsylvania, delivered an address of welcome on behalf of the local community.

President Levin then called upon Francis S. Balassone, Secretary of the Maryland Board of Pharmacy, to present the Annual Report of the Maryland Board of Pharmacy.

ANNUAL REPORT OF THE MARYLAND BOARD OF PHARMACY

1961 1962

In compliance with the provisions as set forth in Section 258 of Article 43 of the Annotated Code of Maryland, this report is submitted to His Excellency J. Millard Tawes, Governor of Maryland, and to the Maryland Pharmaceutical Association. This is the fifty-ninth report to the Governor of the State and the forty-ninth to the Association, and covers the activities of the Maryland Board of Pharmacy for the fiscal year ending June 30, 1962.

Personnel

During the year, the Board held thirteen meetings, six of which were held at the School of Pharmacy of the University of Maryland for the purpose of conducting examinations for registration of pharmacists.

At the first meeting, the Board reorganized and elected Mr. Alexander J. Ogrinz, Jr. president and Mr. F. S. Balassone, secretary-treasurer. The other members of the Board were: Messrs. S. Earl Webster, Arthur C. Harbaugh, and Norman J. Levin.

At the annual convention of the Maryland Pharmaceutical Association, held at the Shelburne Hotel, Atlantic City, New Jersey, on July 3, 4, 5, and 6, 1961, the Nominating Committee submitted to the Association the following names to be recommended to the Governor for membership on the Board to succeed Mr. S. Earl Webster whose term would expire on April 30, 1962:

Mr. Albin A. Hayman, Salisbury, Maryland
Mr. George M. Schmidt, Elkton, Maryland
Mr. Howard L. Gordy, Salisbury, Maryland

On May 16, 1962, Governor Tawes appointed Mr. Howard L. Gordy, Salisbury, as a member of the Board for a term of five years.

Examination

The Board conducted two examinations for registration of pharmacists during the fiscal year. They were held at the School of Pharmacy of the University of Maryland on October 23, 24, and 25, 1961, and on June 20, 21, and 22, 1962.

There were eleven applicants for the October examination, eight of whom passed both the theoretical and practical pharmacy examinations and were registered. Three of the candidates failed the examination.

Forty-seven candidates, who had previously passed their theoretical examinations, were now eligible for the practical pharmacy examination. They were successful and were granted registration.

There were four applicants for reciprocal registration who, because they did not meet the Board's requirements for reciprocity, took the practical pharmacy examination so that they might become registered by reciprocity.

There were eighty-seven applicants for the June examination, four of whom did not take the examination. Two of these applicants were refunded their examination fees: One because he failed to graduate from the Brooklyn College of Pharmacy; the other because Pennsylvania, his native state, held its board of pharmacy examination on the same dates as this Board.

Of the eighty-three who appeared for the examination, only three were eligible for both the theoretical and practical pharmacy examinations. Two of these candidates were successful and were granted registration; the other failed.

Fifty-eight who took and passed the theoretical subjects will not be eligible for the practical pharmacy examination until after they have acquired four months of practical pharmacy experience subsequent to graduation from pharmacy school. Twenty-three failed the theoretical examination.

There was one candidate for the practical examination who had previously passed his theoretical subjects. He was successful and was granted registration.

There were five applicants who, because they did not meet the requirements for reciprocal registration, took the practical pharmacy examination in order to become eligible for reciprocity. They were successful. One of these applicants, Mr. Robert Baxter Miller, had failed the practical examination in October, and for this reason, was re-examined in June.

The subjects assigned at the October examination were as follows:

Pharmacy and Jurisprudence	Norman J. Levin
Materia Medica and Pharmacognosy	Arthur C. Harbaugh
Chemistry	Alexander J. Ogrinz, Jr.
Chemical and Pharmaceutical Mathematics	F. S. Balassone
Practical Pharmacy	S. Earl Webster

The subjects assigned at the June examination were as follows:

Pharmacy and Jurisprudence	Norman J. Levin
Materia Medica and Pharmacognosy	Arthur C. Harbaugh
Chemistry	Alexander J. Ogrinz, Jr.
Chemical and Pharmaceutical Mathematics	F. S. Balassone
Practical Pharmacy	Howard L. Gordy

Record of Examinations Held

October 23-24-25, 1961

Applicants	Passed	Withheld	Failed
11	8	0	3

June 20-21-22, 1962

Applicants	Passed	Withheld	Failed
83	2	58	23

Total Number Examined for Registration as Pharmacists

Applicants	Passed	Withheld	Failed
94	10	58	26

The following table shows the number of pharmacists who were registered by examination during the past ten years:

Year	Number of Pharmacists
1952-1953	65
1953-1954	77
1954-1955	50
1955-1956	96
1956-1957	60
1957-1958	53
1958-1959	79
1959-1960	55
1960-1961	63
1961-1962	62

Reciprocal Registration

Maryland continues to attract pharmacists from other states for reciprocal registration, many of whom are pharmacists who are in the armed forces and stationed on military bases in this State.

In many instances, applicants for reciprocal registration, who are in the armed forces as well as those who are taking graduate work from other states at the School of Pharmacy of the University of Maryland, have not been in a position to comply with the regulation in force in this State that they must have been actively engaged in the practice of their profession in the states from which they apply for at least one year subsequent to registration in said states.

In this connection, the Board has been compelled to require those applicants to take a practical pharmacy examination conducted by this Board. There were four such applicants for the practical pharmacy examination in October and five for the June examination.

The following table shows those granted registration by reciprocity:

Registered by Reciprocity

Name	Certificate Number	Dated	State
Goren, Arthur Eugene	6136	Dec. 30, 1961	Dist. of Columbia
Telasha, Donald Adam	6137	Dec. 30, 1961	Pennsylvania
Scafidi, Arnauld Frederick	6138	Dec. 30, 1961	Virginia
Fineman, Hyman	6139	Dec. 30, 1961	Dist. of Columbia
Rudo, Stanton Morton	6140	Dec. 30, 1961	Dist. of Columbia
Norman, Herman	6141	Dec. 30, 1961	Dist. of Columbia
Rosenberg, Walter Saul	6142	Dec. 30, 1961	Dist. of Columbia
Sherman, Alan	6143	Dec. 30, 1961	Dist. of Columbia
Ruckart, Robert Thorne	6144	Dec. 30, 1961	Dist. of Columbia
Low, James B.	6145	Dec. 30, 1961	Oregon
Rigg, Robert Francis	6146	Dec. 30, 1961	Oklahoma
Roche, John Lawrence	6147	Dec. 30, 1961	Massachusetts
Spearbeck, Edward Dever	6148	Dec. 30, 1961	Virginia
Goriup, Othmar Frank	6149	Dec. 30, 1961	Pennsylvania
Rayman, Harry M.	6150	Dec. 30, 1961	Illinois
Brown, Laroy Parkman	6206	Apr. 30, 1962	Pennsylvania
Thomas, Robert Willis, Jr.	6207	Apr. 30, 1962	Virginia
Marks, Melvyn Lyon	6208	Apr. 30, 1962	Dist. of Columbia
Hurwitz, Allan Wade	6209	Apr. 30, 1962	Dist. of Columbia
Stewart, Milton Ellis	6210	Apr. 30, 1962	Dist. of Columbia
Bossle, Paul Courtney	6211	Apr. 30, 1962	Louisiana
Goldberg, Samuel Sidney	6212	Apr. 30, 1962	South Carolina
Hall, Dwight Francis	6213	Apr. 30, 1962	Dist. of Columbia
Ruben, Irwin	6214	Apr. 30, 1962	Dist. of Columbia
Miller, Alvin	6215	Apr. 30, 1962	Dist. of Columbia
Berson, Seymour Arthur	6216	Apr. 30, 1962	Dist. of Columbia
House, Joseph Lee	6217	Apr. 30, 1962	West Virginia
Byron, Joseph I.	6218	Apr. 30, 1962	Dist. of Columbia
Alpert, Lawrence Jay	6219	Apr. 30, 1962	Dist. of Columbia
Block, Ronald Lee	6220	Apr. 30, 1962	Dist. of Columbia
Kessel, Yale	6221	June 30, 1962	Kentucky
Rosenberg, Morris	6222	June 30, 1962	Dist. of Columbia
Hann, Jon Thomas	6223	June 30, 1962	Pennsylvania
Needleman, Philip	6224	June 30, 1962	Pennsylvania
Miller, Robert Baxter	6225	June 30, 1962	Maine

The following table shows the number of pharmacists granted registration by reciprocity and the number who were certified to register in other states by reciprocity over the past ten years:

Year	Reciprocity	Certified for Registration in Other States
1952-1953	53	16
1953-1954	60	15
1954-1955	62	23
1955-1956	64	16
1956-1957	58	26
1957-1958	51	21
1958-1959	46	17
1959-1960	46	19
1960-1961	33	18
1961-1962	35	20
Total	508	191

The above table shows that Maryland has gained 317 pharmacists by reciprocity in the past ten years.

Pharmacy Permits

As of January 1, 1962, 778 permits were issued to pharmacies and 28 to hospital pharmacies in the State, making a total of 806.

There was an increase of 11 permits issued to operate pharmacies over the previous year. In 1961, there were 419 county and 348 Baltimore City permits issued, compared with 431 county and 347 Baltimore City permits this year, making an increase of 12 pharmacies in the counties and a decrease of one pharmacy in Baltimore City.

The following table shows the number of pharmacies in the counties of Maryland and Baltimore City:

Allegany	20	Dorchester	4	Queen Anne's	4
Anne Arundel	40	Frederick	11	Saint Mary's	5
Baltimore	123	Garrett	3	Somerset	5
Calvert	2	Harford	11	Talbot	7
Caroline	3	Howard	7	Washington	12
Carroll	11	Kent	4	Wicomico	9
Cecil	6	Montgomery	68	Worcester	6
Charles	7	Prince George's	63		
				Total	431
Baltimore City					347
Total					778

The following table shows pharmacies opened, change of ownership, and those closed during the year:

	Opened	Change of Ownership	Closed
Baltimore City	5	17	6
Counties	29	14	9
Total	34	31	15

The following table shows the number of pharmacies opened, change of ownership, and those closed in the past ten years:

Year	Opened	Change of Ownership	Closed
1952	22	16	8
1953	26	13	12
1954	36	32	24
1955	23	19	11
1958	28	24	19
1957	26	30	14
1959	31	39	16
1960	41	41	25
1961	34	31	15

Renewal Permits

The General Assembly of 1961 enacted into law a bill that provides for the renewal of certificates of registration of pharmacists biennially. The law became effective June 1, 1961. The Board has issued 2,118 renewal certificates.

Manufacturers' Permits

There were 110 permits issued to manufacturers of drugs, medicines, toilet articles, dentifrices or cosmetics. All applicants for original permits are required to appear before the Board and furnish all information that is considered pertinent to the conduct of such operations.

Because of a misunderstanding on the part of one of the Inspector's, the Board issued two permits to the same manufacturer. The second permit was cancelled and the permit fee refunded.

Dangerous Drugs Permits

The General Assembly of 1961 also enacted into law a bill to require the Board to issue permits "to sell, distribute, give or in any way dispose of dangerous drugs." Under this law, which became effective June 1, 1961, the Board issued 124 permits for 1961 and 128 for 1962. This law applies to jobbers, distributors, wholesalers, or manufacturers who sell or distribute dangerous drugs.

Prescription Survey

The following table shows a survey of prescriptions filled in 1961:

PRESCRIPTION SURXEY—1961

Baltimore			
Average Number Prescriptions Refilled in 138 Out of 350 Pharmacies ..		7,440	
Average Number New Prescriptions Filled in 138 Out of 350 Pharmacies		4,553	11,993
Average Price of Prescriptions in 138 Out of 350 Pharmacies	$2.71		
Estimated New Prescriptions Filled in 350 Pharmacies		2,604,000	
Estimated Prescriptions Refilled in 350 Pharmacies....................		1,593,550	4,197,550
Counties			
Average Number New Prescriptions Filled in 213 Out of 428 Pharmacies		11,566	
Average Number Prescriptions Refilled in 213 Out of 428 Pharmacies .		7,697	19,263
Average Price of Prescriptions in 213 Out of 428 Pharmacies	$2.93		
Estimated New Prescriptions Filled in 428 Pharmacies		4,950,248	
Estimated Prescriptions Refilled in 428 Pharmacies		3,294,316	8,244,564
State			
Estimated New Prescriptions Filled in 778 Pharmacies		7,554,248	
Estimated Prescriptions Refilled in 778 Pharmacies.................. .		4,887,866	12,442,114

Legislation

Senate Bill No. 107 passed both Houses and was signed by Governor J. Millard Tawes. It became effective on June 1, 1962. The provision of the Act is to add a new Section 313A to Article 27 of the Annotated Code of Maryland (1957 Edition) title "Crimes and Punishments" to follow immediately after Section 313 thereof. New sub-heading "Health-Harmful Inhalants." The above Section makes it a misdemeanor to smell or inhale certain harmful substances which have the effect of intoxicating or dulling the brain or nervous system. In effect, it is unlawful to inhale or smell excessive quantities of narcotics, drugs, or any noxious substances or chemicals as ketones, aldehydes, organic acetates, chlorinated hydrocarbons as cause conditions of intoxication, inebriation, excitement, stupefaction or dulling of the brain or nervous system.

Senate Bill No. 111 passed both Houses and was signed into law by the Governor. This law became effective also on June 1, 1962. It adds a new Section 313A to Article 27 of the Annotated Code of Maryland (1957 Edition), title "Crimes and Punishments," sub-title "Crimes and Punishments, to follow immediately after Section 313 thereof, and to be under the new sub-heading "Health-Amphetamines." The above law makes it a misdemeanor to manufacture, possess or sell amphetamines which require a prescription, unless such is done in the regular course of business or where a prescription is presented, making it a misdemanor for any person to use amphetamine for any non-scientific or non-medicinal purposes, requiring manufacturers and wholesalers to make and keep records of manufacture and sale of amphetamine for a period of two years, and providing penalties for the violation thereof. The above law also makes it mandatory that records of receipts of amphetamine be kept.

Cooperative Activities

The Board maintained membership in the National Association of Boards of Pharmacy. The annual meeting of the Association, which was held in conjunction with the annual convention of the American Pharmaceutical Association, was held on March 26 and 27, 1962, in Las Vegas, Nevada. The Board was represented by Mr. Alexander J. Ogrinz, Jr., Mr. Norman J. Levin, and Secretary-Treasurer F. S. Balassone.

The Board also maintained membership in the Conference of Boards and Colleges of Pharmacy of N.A.B.P. District Number Two, comprising the States of New York, New Jersey, Pennsylvania, Delaware, Maryland, the District of Columbia, Virginia, and West Virginia. The annual meeting was held in Williamsburg, Virginia, on November 2, 3, and 4, 1961. The Board was represented by Mr. Alexander J. Ogrinz, Jr. and Secretary-Treasurer Balassone.

Finances

All funds of the Board of Pharmacy are deposited to the credit of the Treasurer of the State of Maryland, and disbursements covering the expenses of the Board are paid by voucher by the State Comptroller.

MARYLAND BOARD OF PHARMACY

Statement of Receipts and Disbursements for the Period from July 1, 1961, to June 30, 1962

Receipts

Balance with Comptroller, July 1, 1961		8,140.00	
Students Registration Fees	71.00		
Examination Fees	2,450.00		
Reciprocal Registration Fees	1,750.00		
Renewal Certificate Fees	6,506.00		
Certification Fees	20.00		
Duplicate Certificate Fees	45.00		
Manufacturers' Permit Fees	625.00		
Dangerous Drugs Permit Fees	2,530.00		
Pharmacy Permit Fees	2,635.00	16,632.00	24,772.00

Disbursements

Salaries and Wages	3,282.18		
Communication	352.68		
Travel	1,549.77		
Contractual Services	553.00		
Supplies and Materials	1,537.45		
Equipment - Additional	357.80		
Fixed Charges	181.16	7,814.04	
Refunds		55.00	
Forwarded to Reserve Fund		8,661.00	
Transferred to General Fund Surplus, June 30, 1962		8,241.96	24,772.00

Respectfully submitted,

F. S. BALASSONE, Secretary-Treasurer

President Levin next called upon Dr. Noel E. Foss, Dean of the University of Maryland School of Pharmacy, to report on the school:

REPORT OF THE SCHOOL OF PHARMACY

by Dean Noel E. Foss

This report covers the fiscal year of the University of Maryland, namely, July 1, 1961 to July 1, 1962.

Enrollment

The enrollment at the beginning of the 1961-62 fiscal year was as follows:

Baltimore:	
Juniors	61
Seniors	43
1st Year Professional	2
Total Undergraduates	106
Graduate Students	45
Total Enrolled in Baltimore	151
College Park:	
First Year	68
Second Year	53
Total Enrolled in College Park	121

The total number of Veterans and War Orphans enrolled the first semester in Baltimore was 5, and in College Park was 1.

The number of undergraduate girls enrolled in Baltimore was 10 and at College Park, 21.

The total number of students graduated in June 1962 was 43.

Of the 68 first pre-pharmacy students enrolled at College Park, 39 were from Baltimore City, 4 from out-of-state, 2 from Baltimore County, 10 from Prince Georges-Montgomery County, 4 from Anne Arundel County, 3 from the Eastern Shore, 1 from Western Maryland, and 5 from the District of Columbia.

Recruitment of Students

The Careers in Pharmacy Committee of the Alumni Association, under the able leadership of Mr. H. Nelson Warfield, continued its splendid work during this past year. Although the number of high schools visited was somewhat less than in previous years, the committee visited a number of schools to which it had not previously had the opportunity to present a Careers program.

The School deeply appreciates the continued support and cooperation of the many members of the Maryland Pharmaceutical Association and the Baltimore Metropolitan Pharmaceutical Association for their assistance in this matter.

A new experience in recruitment was arranged through the courtesy of Mr. David L. Fisher, Assistant in Educational and Occupational Information of the Baltimore City School System. Approximately 25 Southern High School students of collegiate caliber visited the School of Pharmacy on April 27th, and met with the faculty for lunch in The Baltimore Union, three students with one faculty member per table. The faculty informally discussed their experiences in going to a University and tried to stimulate the interest of these students in attending a university or college irrespective of what their interest appeared to be in any particular career. Later the students toured the School of Pharmacy laboratories, with senior students as guides, to permit the high school students to discuss college life with someone more nearly their age.

Scholarships and Loans

The School of Pharmacy would again like to express its appreciation for the continued support of the donors of the respective scholarships, namely, Alumni Association of the School of Pharmacy, Alumni Association of the University of Maryland, Maryland Pharmaceutical Association, Noxzema Foundation, Read's Drug Stores Foundation, Inc., Carroll Chemical Company, the Prince Georges-Montgomery County Pharmaceutical Association, A. M. Lichtenstein Scholarship, and the American Foundation for Pharmaceutical Education.

The Alumni Association, the Maryland Pharmaceutical Association and the Read's Drug Stores Foundation, Inc., continued to offer scholarship to pre-professional pharmacy students at College Park in an attempt to assist worthy students.

The University of Maryland continued to participate in the National Defense Education Loan plan established by the Federal Government for worthy students in need of financial aid. As in the past, students in the School of Pharmacy shared in these loan funds.

Honors and Awards

At the all University Honors Convocation held at College Park on November 3, 1961, I am pleased to report that 6 students enrolled in the School of Pharmacy in Baltimore were recipients of certificates indicating that they had earned a 3.5 grade point average (3.0—B; 4.0—A). The parents of the students as well as friends were invited to the Convocation and the reception which followed.

Two senior students were initiated into the University honor society, Phi Kappa Phi, the purpose of which is the recognition and encouragement of superior scholarship.

Nine students were initiated into Rho Chi, the National Honorary Pharmceutical Society.

For the first time students in the School of Pharmacy were recognized as gradng with honors at the 1962 Commencement. Four students graduated "With High Honors" and three students "With Honors." In addition to being listed in the Commencement program, these honors designations were also included on their diplomas.

Each year, a national essay competition, known as the Lunsford Richardson Pharmacy Awards program, is sponsored by Richardson-Merrell, Inc. and its pharmaceutical units, the William S. Merrell Company, National Drug Company, Walker Laboratories, and Vick Products. The objective of these awards is to encourage scientific and professional thinking on the part of students, both graduate and undergraduate, in the interest of furthering pharmacy as a cardinal member of the American Health Team. In the undergraduate competition, Mr. Louis Gubinsky, a member of the 1962 graduating class, won first prize in the southeastern region. In the graduate competition, Mr. Albert H. Warfield and Mr. Irving M. Fried, who are pursuing work leading to the Master of Science and Doctor of Philosophy degrees respectively with a major in pharmaceutical chemistry, received honorable mention.

I am pleased to report that the University of Maryland Chapter of Phi Delta Chi fraternity won first prize in the 1961 Public Exhibition competition sponsored by the American Pharmaceutical Association during National Pharmacy Week.

Faculty

Dr. Ernst F. Klesper, who earned his Doctor's degree at the University of Hamburg, in Germany, joined the staff as Assistant Professor of Pharmaceutical Chemistry effective September 1, 1961. Dr. Klesper offered the course in Physical Chemistry during the 1961-62 academic year and in the future years will teach the course in Thermodynamics and other graduate courses in chemistry.

Mr. Richard D. Dean, presently a teacher in Mathematics at Baltimore Junior College, joined the staff as Instructor in Mathematics to offer our course in Calculus.

We were very pleased to again have the services of Mr. Joseph S. Kaufman who offered the course in Pharmaceutical Jurisprudence during the second semester of 1961-62.

During 1961-62, three post-doctoral fellows and six National Institutes of Health Pre-Doctoral Fellows were working in the Chemistry Department.

Graduate Program

The total enrollment in the Graduate Division in 1961-62 was 45 students. During the year two students received the Doctor of Philosophy degree and two students completed requirements for the Master of Science degree.

The graduate program in pharmaceutical chemistry has continued to receive substantial aid from sources outside of the University.

The Department of Anatomy and Physiology has also received a substantial grant that will permit the employment of a research associate and should increase the active research program of this department.

Faculty Activities

Dr. Ralph Shangraw, Assistant Professor of Pharmacy, attended the Teachers' Seminar on the History of Pharmacy in Wisconsin in July 1961.

Dean Foss attended the annual convention of the Maryland Pharmaceutical Association in Atlantic City, New Jersey, in July 1961.

Dr. Nicolas Zenker, Assistant Professor of Chemistry, attended the Conference on Pharmaceutical Analysis held in Land O'Lakes, Wisconsin, in September 1961.

Dean Foss attended the National Quackery Congress sponsored by the FDA and AMA in Washington, D.C., in October 1961.

Dr. Shangraw attended the Regional Meeting of the Industrial Section of the A.Ph.A. held in New York in November 1961.

Dean Foss and Mr. Joseph S. Kaufman attended the meetings of District No. 2, Boards and Colleges of Pharmacy, held in Williamsburg, Virginia, in October 1961.

Dr. Shangraw and Mr. Phillip J. Levine accompanied the junior and senior students visiting Wyeth, Inc., in Pennsylvania, in February 1962.

Dr. F. M. Miller, Professor of Chemistry, attended meetings of the American Chemical Society held in Washington, D. C., in April 1962.

Dr. Donald E. Shay, Professor of Microbiology, attended a meeting of the Pennsylvania Academy of Sciences held in Pittsburgh in April 1962. Dr. Shay also attended the Annual Meeting of the American Society for Microbiology held in Kansas City in April 1962.

Dr. Norman J. Doorenbos, Associate Professor of Chemistry, attended the International Congress on Hormonal Steroids in Milano, Italy, May 1962.

Dean Foss attended the annual conventions of the American Association of Colleges of Pharmacy and the American Pharmaceutical Association in Las Vegas, Nevada in March 1962.

Dr. Frank J. Slama, Professor of Pharmacognosy, attended the meeting of the American Society of Pharmacognosy held at West Virginia University, Morgantown, W. Va., in June 1962.

Student Activities

Activities for 1961-62 included attendance at a basketball game at the Cole Activities Building at College Park on February 21st, the annual picnic at Herring Run Park, and the Senior Prom.

The Ninth Annual Honors Day Convocation was held in the auditorium of the Health Sciences Library on June 7th, followed by the Annual Alumni Banquet and Dance in The Baltimore Union.

During the year, students visited the Wyeth Laboratories in Pennsylvania; H. B. Gilpin and Company in Baltimore; and the American Pharmaceutical Association, Food and Drug Administration and the National Institutes of Health, all in the Washington metropolitan area.

The Alumni—School of Pharmacy Joint Activities for Students

The Alumni Association sponsored the 15th Annual Frolic in November 1961 at the Straus Auditorium and the annual Alumni Dance in February 1962. All students and faculty were invited as guests of the Alumni Association for the Dance. On June 7th, the Alumni held its Annual Banquet and Dance at The Baltimore Union to which members of the graduating class and their escorts were invited as guests of the Alumni Association. The School is very appreciative of these activities sponsored by the Alumni Association.

Student Government Alliance

The Student Government Alliance, under the able leadership of Mr. Allan S. Pristoop and the other officers for 1961-62, had a very good year. The administration and faculty of the School of Pharmacy appreciate the cooperation received from the S.G.A. during 1961-62.

Robert L. Swain Seminar

The School of Pharmacy was pleased to be able to participate in the Robert L. Swain Seminar held in March 1962, and which has been previously described to you by the Chairman of the Committee.

Buildings

With the assistance of a grant from the Atomic Energy Commission, a radioisotope laboratory was installed during this past year. The completion of the installation of the equipment in this laboratory will permit the offering of a graduate course in this area during the summer as well as the regular offering of the course during the spring semester in the future.

Five Year Curriculum

Although five applicants had originally planned to register in the third year of the five year curriculum, only two students actually completed their registration. This small enrollment very likely resulted from the fact that these students could have enrolled in the four year course in 1959, but instead decided to enroll in the five year program. In September 1962, there will be a considerably larger number of students enrolled in the third year of the five year program or the first professional year in Baltimore.

Although the faculty has considered the six year curriculum in which the student earns a Doctor of Pharmacy degree, it is the consensus of their opinion that we should have more experience and establish the five year curriculum before we embark on an extended curriculum.

Conclusion

Sincere thanks are expressed to Mr. Irving I. Cohen, Chairman, and members of the Committee on the School of Pharmacy; the officers of the Maryland Pharmaceutical Association and the Baltimore Metropolitan Pharmaceutical Association, and especially their Executive Secretary, Mr. Nathan I. Gruz; the President of our Alumni Association for 1961-62, Mr. James P. Cragg, Jr., and also its Secretary, Dr. Frank J. Slama; the Maryland Board of Pharmacy and particularly its Secretary, Mr. Frank S. Balassone, for their splendid cooperation and assistance this past year.

Secretary Gruz read telegrams of greetings and best wishes for a cuccessful convention from Dr. William S. Apple, Executive Director of the American Pharmaceutical Association, and from Willard B. Simmons, Executive Secretary of the National Association of Retail Druggists.

Letters were read from Dr. Robert L. Swain and from Congressman Daniel B. Brewster expressing their regrets upon their inability to be present.

President Levin recognized Edwin M. Kabernagel, Jr., President of the Travelers Auxiliary of the Maryland Pharmaceutical Association, who brought the greetings of his organization and invited all to enjoy the entertainment that it had arranged.

The President presented 1st Vice President Victor H. Morgenroth, Jr., who then assumed the chair. Mr. Morgenroth called upon President Levin to deliver the annual President's Address:

PRESIDENT'S ADDRESS

Norman J. Levin

At our last Annual Convention I accepted the honor of this office that you bestowed upon me and, with it, its responsibilities. Although at times I have not felt completely adequate to the many complex problems that arose, I have been sincere in my efforts to lead our Association in an objective spirit. I am, therefore, happy to report that in spite of many problems which we have had to overcome, much progress has been made during the year.

At this time I would like to first discuss some of the general issues on the national scene which came to the forefront during the past year.

In June 1961 our colleagues in California were on trial for issuing and recommending a prescription "Pricing System" which the Federal officials maintained was in violation of the Sherman Anti-Trust Act. The Arizona and Utah Associations were under Federal indictments and many other state and national organizations were being investigated. We all know the results of the California trial. The California Pharmaceutical Association, along with the chairman of the committee, Mr. Hedgepeth, were convicted and the cases are being appealed in the higher courts at this time.

However, out of these trials the concept referred to as the "Professional Fee Concept" has been publicized. This concept is revolutionary only in that it suggests that drugs be sold "at cost" plus a professional fee. Adding a fee, plus a materials charge, is not new in our society. We have been paying the automobile mechanic, the plumber, the electrician, the refrigeration mechanic (both air conditioning and fountain) and, oh yes, even the barber in this manner. Their invoices are marked parts so much plus labor. These parts have a profit margin from 33⅓% to 40% and I can assure you that in no case are these parts sold "at cost." Furthermore, cost is a vague term, depending upon source—wholesaler, direct from the manufacturer, or cooperative buying group or wholesaler—also, quantity purchases and seasonal deals affect the true cost.

At a recent meeting, a group of eminent pharmacists were discussing the fee concept. One pharmacist was asked if he would charge $3.00 for 50 phenobarbital tablets. He replied "absolutely not, that would be exorbitant." But would it be? That would approximate the price which would be necessary to operate the prescription department at a profit. At the same time some of our national leaders prematurely encouraged the removal of retail list prices from drug manufacturers' catalogues (even though our courts had decided that prescription drugs were still under Fair Trade) because retail list prices interfered with the "Professional Fee Concept."

The "Lilly Digest" states that the average prescription department inventory in 1961 was $8,322.00 and that there were many pharmacies that had a prescription department inventory of more than $20,000.00. From an economic standpoint, I submit that it is suicidal with such an inventory investment to price the materials that go into prescriptions at cost without adding a markup in addition to a professional fee for services.

Let me say now I am in favor of the "professional fee concept" where the drug cost includes the inventory investment and where all our pharmacists are educated in its principles. All prescriptions should be priced at the cost of drugs plus a fee—not just the expensive prescriptions or the so-called maintenance prescriptions.

There have been differences of opinion between the leadership of the State Association and the Baltimore Metropolitan Pharmaceutical Association in recent years. This situation is not unique to Maryland and we only have to note neighboring Pennsylvania and, more recently, Illinois. It occurs most often where there are large metropolitan areas vying with state associations for pharmacy leadership. Certainly this condition is not healthy for pharmacy and an objective of this administration was to find a basis for agreement and understanding between the two associations. Early in the year informal meetings were held, at which problems were discussed and some understanding has been reached. I would not be so naive to think that every problem has been solved and all irritations have been removed. However, I am optimistic enough to think that men of good will can set aside their differences and work for the benefit of all. I truly believe that a great deal of progress has been made and a much improved situation now exists.

One solution for controversies between metropolitan and state associations and for "one voice in pharmacy" is a federation of pharmaceutical associations. I believe in "grass roots associations"—city and county—which in turn are an integral part of the state association. I feel the state association should encourage the development of local associations—as it has done in the past. Note the Prince Georges-Montgomery County Pharmaceutical Association and the Allegany-Garrett County Pharmaceutical Association. There is a sore need for a local association on the Eastern Shore and this should be encouraged and developed. To carry this thinking to a national level, I think that our state association should become affiliated with the American Pharmaceutical Association, the national association for all pharmacists. This should in no way be considered critical of the National Association of Retail Druggists. I feel that all independent pharmacy owners should be members of the National Association of Retail Druggists. The N.A.R.D. is essential and vital to the special interests of the independent pharmacy owner, but it does not represent the employee pharmacist. There are about 50,000 owner-pharmacists and 70,000 employee-pharmacists. The latter certainly are not represented by the N.A.R.D. There are other organizations: The American College of Apothecaries for the "professional pharmacies"; The National Association of Chain Drug Stores; The American Society of Hospital Pharmacists and others. All have their special problems, interests and objectives, but these organizations represent a special segment of the profession. There can be only one organization that can present a forum for all in pharmacy, that can represent all of the pharmacists in the profession quite irrespective of the specialty interests of the individual practitioners. Dr. Robert L. Swain, our own Bob, stated recently: "One national group, the A.Ph.A., is the national body which is mostly relied upon for the guidance and betterment of the professional concern of pharmacists. It stands for the highest ethical and professional concepts and has well established its rights to the thoughtful support and cooperation of every pharmacist in the field."

Dr. George L. Archambault, the President of the A.Ph.A. who addressed our last fall regional meeting, said: "Each pharmacist has a responsibility to belong to his specialty association. It is A.Ph.A.'s responsibility to emphasize this responsibility of practitioners. We also state with equal conviction, it is the responsibility and privilege of all pharmacists to belong to the American Pharmaceutical Association, the national association of pharmacists."

"We believe, too, that all specialty associations must, in the discharge of their obligations to the profession, shoulder a similar responsibility of requiring A.Ph.A. membership along with state and local association membership."

However, I would like to advise the A.Ph.A. that with this responsibility goes certain obligations to the state and local organizations: to provide an adequate and continuous flow of information; to advise on legislation—and this we sorely need; to initiate programs for employee pharmacist affiliation and interest; to accelerate studies about prepayment prescription plans; to provide guidance about retirement plans for pharmacists. I am sure that in addition there are many other services that pharmacists consider essential today.

The states, especially the smaller ones, do not have the funds and the manpower to initiate the studies that are required. Also, there is much duplication of effort and waste of funds when the states attempt these studies on their own and yet this has been the method in the past. The national association should make the studies, select one or two states for a pilot study and then present the entire plan to all the states.

Next year is a legislative year in the State of Maryland and our Legislative Committee has been very active during the past year preparing a program. Our law needs revision and amendment in many areas—so much so that in the last legislation a resolution was passed requiring the Governor to appoint a Commission to study the Food and Drug Laws and bring them up to date.

Pharmacy ownership laws should be examined. It is true that courts have rendered decisions on the subject of ownership, but if objective analysis and study should reveal that the public could be better served by the construction of new type ownership laws, then this should be done. We should examine how much effect forces outside of pharmacy are having in dictating the policies of professional practice. Has professional freedom been lost and does the loss of professional freedom necessarily have anything to do with the public interest?

In 1928 the Supreme Court ruled in the case of Liggett Company vs. Baldridge that pharmacist ownership of pharmacy laws was unconstitutional. Since that time little has been done to assure professional guidance and determination of pharmacy practices and policies by pharmacists effectively. A pharmacy was never intended as a device for the development of customer traffic for a business enterprise. A pharmacy was intended to be more than just a prescription laboratory within a jungle of commercial departments or oriental bazaar.

The terms "pharmacy" and "drug store" were intended to identify a particular type of establishment—a unique entity within which a health profession is practiced, an operation which should be wholly under the personal supervision and management of a registered pharmacist. Under our laws, purely commercial interests are permitted to own pharmacies wholly. The policies, practices and conduct of pharmacies are frequently unduly influenced by commercial interests. At the recent convention of the National Association of Chain Drug Stores, one chain spokesman advised the audience that maintenance drugs are good "traffic builders" for more profitable merchandise and that a low 10% mark-up on maintenance drugs is a "traffic builder." These cynical, callous statements were made by persons within our industry. What can we then expect from supermarkets and discount operations?

It is my earnest hope that the Quality Stabilization Bill will pass this Congress. Our association sponsored a rally in May with Senator William Proxmire as the guest speaker. Members of other retail industries were present and, as a result, many telegrams and letters were sent to our representatives in Congress. It was also my good fortune to have heard Senator Humphrey address the Convention of the A.Ph.A. at Las Vegas this year. I was impressed with the guarded optimism he displayed—an implication that if the retail industry did its part, the bill would pass the Congress and the President would sign it. He spoke before the largest audience I ever saw at a Pharmaceutical Convention anywhere. I believe that the Maryland Pharmaceutical Association made an impressive record matched by few other states in obtaining the support of the pharmaceutical and allied fields in Maryland in behalf of this bill.

Early in the Association year, the National Association of Retail Druggists selected our Secretary for national service. This brought our Association much honor, but it also created a difficult problem that required much effort and understanding. After a period of time, Mr. Nathan I. Gruz was elected to the position of Executive Secretary. He has been in that office only since November and it is my feeling that he has conducted the office in a way that promises a great deal for the future. Our journal has gradually been issued more currently and in a gradually improved style. Our office staff is operating in a very efficient manner, even though an important change in the staff had to be made shortly after Mr. Gruz's arrival. I am perfectly satisfied that the office is operating in a sound and efficient way and recommend to the Executive Committee that Mr. Gruz be elected secretary for the forthcoming year.

During the past year, there has been excellent progress in inter-professional relations. Vice-President Morgenroth, B.M.P.A. President Cermak and our Secretary attended meetings of the Maryland Congress of Professions as our representatives. They exchanged views with representatives of medicine, dentistry and law. Also, Messrs. Balassone, Morgenroth and Gruz met with the Pharmacy Liaison Sub-Committee of the Medical and Chirurgical Faculty of Maryland to discuss mutual problems.

The Association has been much concerned about increasing interest and participation by all pharmacists—whether employer or employee. I believe steps will be taken by the Association to grant greater recognition to non-proprietors.

In this connection, all pharmacists are being contacted for membership. So far this year's enrollment of pharmacists is substantially more than at Convention time one year ago. I believe that with the cooperation of every member, even more pharmacists will join their state professional society.

The Second Dr. Robert L. Swain Pharmacy Seminar was held and proved to be extremely informative to those who attended. This permanent project, we feel, will go on improving year after year to meet the ever changing requirements of our membership in desiring to be up to date in professional knowledge.

In line with the Association's policy of trying to provide every service within its means, the Trade Relations Committee is arranging our first pharmacy economics seminar. This is planned for October and will be known as the Simon Solomon Pharmacy Economics Seminar in honor of "Mr. Fair Trade," who has labored so conscientiously and for so many years in behalf of the economic and professional interests of pharmacists. We hope this seminar will provide valuable information to progressive pharmacists in today's highly competitive business world.

The work of our Association is carried on by its standing and special committees, the Executive Committee and our office, headed by the Executive Secretary, Mr. Gruz. I have tried here to indicate some of the tremendous amount of work they have been responsible for and for which I render my sincere appreciation and thanks. My special thanks also to Simon Solomon, Dr. Noel E. Foss, Frank Balassone, T.A.M.P.A., L.A.M.P.A., our wholesaler friends and, most important, to the entire membership for their support. My retirement as president will in no way reduce my interest or activity in our Association. It is my intent to render whatever service I can to improve the profession of Pharmacy.

Vice President Morgenroth commended President Levin for an outstanding and inspiring message and the Convention voted a "rising" vote of appreciation. The address was unanimously accepted.

Mr. Morgenroth then returned the chair to Mr. Levin.

President Levin announced that the following members of the Class of 1924 of the University of Maryland School of Pharmacy were present at the Convention: Edward Bindok, Frank Block, Eli Fedder, George M. Schmidt, Frank J. Slama, Solomon Weiner, H. Nelson Warfield.

A recess was called for refreshments and drawing of prizes.

President Levin reconvened the meeting and announced the panel presentations as follows:

"The title of our panel today is 'Changing Patterns in Pharmacy.' My friendship with Mr. Rubin goes back many years to 1940 and I have met him frequently at annual conventions since that time. Mr. Rubin is the distinguished Editor of the *American Professional Pharmacist*. He also serves as editor of ℞ *Health* and was Managing Editor on Pharmacy of *American Druggist* and Editorial Director of the Annual *Blue Price Book*.

A "cum laude" graduate of the Brooklyn College of Pharmacy, Mr. Rubin also received a B.A. degree in English from Brooklyn College. He entered the U.S. Army in 1942 as a private and was discharged in 1946 as a captain with the Bronze Star Medal. Mr. Rubin is a member of the Board of Trustees, Brooklyn College of Pharmacy. Nationally known as a writer and speaker on pharmaceutical subjects, Mr. Rubin has served as a member of the American Pharmaceutical Association's House of Delegates, as vice-chairman of the A.Ph.A.'s national convention and as president of its New York branch. He recently was appointed as publicity chairman for the 1962 annual convention of the National Association of Retail Druggists."

IRVIN RUBIN, MODERATOR

Editor of the American Professional Pharmacist

Pharmacy is always plagued with problems. Right now we have very serious problems because they strike at the very heart of the prescription department. Our panel today will discuss three problems. The people on our panel were very wisely selected and they have four things in common. First, they are all successful pharmacy owners. Secondly, they are all active in pharmaceutical work. Thirdly, they have all served or are serving as officers in pharmaceutical associations. And finally and very important, they are all active in civic work. This makes for a well rounded pharmacist.

About a year ago, the American Professional Pharmacist conducted a survey on the concept of the professional fee. Our study showed that 5 out of 6 pharmacists favored it. However, there was a very interesting thing with respect to their comments. While 5 out of 6 favored it, many of those who favored it were afraid to actually initiate it. They liked the idea but they just would not put it into effect. Our first speaker was someone who not only believed in it but was one of the pioneers to put the professional fee concept into action. So it is my pleasure to introduce to you Stanley J. Buch of Lancaster, Pennsylvania, who will speak to you on the "Professional Fee Concept in Prescription Pricing."

THE PROFESSIONAL FEE CONCEPT IN PRESCRIPTION PRICING

Stanley J. Euch
Lancaster, Pennsylvania

It is only fair that I tell you that this is the first time I have ever spoken by invitation. Many times by inclination, but never before by invitation. I will pose a question to start.

The past two weeks, if you are in retail pharmacy, you know that antibiotic prices were reduced by the manufacturer. By reducing these prices, how much in dollars and cents (I am not talking about percentage—I am talking about the dollars in your cash register) did the lowering of the price by the manufacturer cost you, or will cost you? I will just leave that question hang.

The professional fee pricing system has many aspects that affect not only the pharmacist, but the patient and the physician as well. As you work in a pharmacy you are convinced that nothing is more misunderstood than prescription pricing. It's not only misunderstood by the patrons you serve. Very few doctors can talk with you about it and come to any common ground, and I found that in talking to pharmacists they are usually further apart than anybody. There is wide availability today because of transportation and communications. There is almost no place in the United States that within ten or fifteen miles you can't get a prescription filled. The areas that are not covered by some good kind of pharmacentical service are getting smaller and scarcer all the time. This causes you, if you are in an area similar to Maryland or Pennsylvania, to serve patrons who could, when they have a prescription in their home, walk out their front door, and in any one of two or three directions within three or four blocks, choose that many pharmacies in which to have it filled. There has been all kinds of arguments as to whether a patient shops for prescriptions by price or not. Regardless of what kind of pricing system you are presently using the day has come, or will come, when you will have to defend a price. It is my own opinion that the professional fee concept is the way, whether you agree with my method of arriving at a fee or even what my fee is isn't important. What is important is that by using a professional fee you have an accurate mathematical way to present the final price of your prescription and this I think you are going to have to do much more often in the future. The miracle drugs that we all hear about are very costly. Miracles do not come cheap and when you see the research organizations and the money they put into drugs it is easy to understand. At the same time, with the high price miracle drugs you as pharmacists (most of you in retail pharmacy) have been faced with ever increasing costs in operation, whether those costs have been strictly labor or additional services or taxes. All these things cost you more money today. You've been faced with further complication by what we call mail order pharmacy and the union pharmacy. None of this makes your problem any easier.

Now it was only a year ago when I started playing with this idea of a professional fee and deciding what we wanted to do with it. The first thought that struck my mind as a place to start was the fact that in all our concepts before, or at least speaking for my own organization, we were treating prescriptions and prescription merchandise like merchandise. Of course they are not really merchandise, because if they were merchandise any one could distribute them, anyone could reduce them or close them out if they were obsolete. If prescriptions were merchandise and you had some dead ones on your shelves, there would be no restrictions as to what you could do with them. You could mark them down and have a week end sale. You could do any of those things with them. But, because you can't do this with prescription merchandise, I think this removes it from a catagory of merchandise in that sense. Not only that, but you have a professional service performed when you dispense a prescription. Whether you are counting tablets or actually compounding it doesn't matter too much.

Now for the next thing we had to do I have to borrow from my friend Bob Abrams. Here the first article or first help that I had in the change over was an article done by Bob Abrams and Raymond Moyer in the Philadelphia area. They did it in a metropolitan area, and my own operation is only 60 some miles from Philadelphia, so actually there isn't too much difference. My city is some 65,000 people with a suburban area that brings it to 100,000. My problems are not too much different from those in Philadelphia so this was a good basis for me to start.

We had to have a formula and we discussed the problem with our auditing firm. I will just mention something here when I first discussed this with my auditor, Mr. John Dudley, Jr., past president of the National Association of CPA's and a very learned gentleman. The first thing he said to me was, "You know prescriptions are not merchandise." Well this is what I had arrived at in my own way and he said we really can't treat prescriptions as merchandise and that I would have to find some other method of carrying prescription items as such as an inventory item. So we came up with a formula where we say prescription department expenses for a year divided by the number of prescriptions filled for a year equals the costs to fill each prescription.

Up until now we have not included anything for the cost of ingredients. We are only taking the expenses divided by the number of prescriptions to get you a cost per prescription. To this cost we add a desired profit, and the desired profit, plus the cost plus the ingredients gives you your finished prescription price. Now here are a list of some of the things, in fact all of the things, that we used when computing this very important cost. It includes the compensation for the pharmacist ,the cost of containers and labels, the cost of prescription files, maintenance, replacement of pharmaceutical balances, graduates, typewriters, cost of professional liability insurance, cost of licenses, professional memberships, subscriptions and seminars, cost of open or non-returnable packages of prescription medications (which had to be retired or destroyed because of spoilage or obsolesence), delivery expense, office and administrative expense including bad debts, and fixed expenses such as light, telephone, rent, etc. Now numbers 8, 9, and 10 of that list which were delivery, administrative and fixed expenses were all computed as a percentage of total based on a percentage of prescription sales to total sales in our pharmacy. This worked out for us to a cost figure of $1.40. Now we thought about this for a minute and we figured that it cost us about $1.40 to handle a prescription. So far we have not put any thing in the bottle — the bottle is still empty. Alright you put in about ten cents worth of phenobarbital. You now have a $1.50. You are now breaking even, but so far you have not made any money. Previously we may have filled a prescription for 20 and 30 phenobarbital tablets for $1.00 or $1.25. We were on a Geiger type system when we were conducting this study and we suddenly realized that a great many prescriptions that we filled were without question a loss to the pharmacy.

Now you have to start somewhere and whether you agree with my additional profit for prescription or not is beside the point. I agree or will state before I give it to you, that it is too low. But this step is one that is a giant step and when you take a giant step you have to live with it a little bit. I think that once our system is a year old our professional fee will be increased, and I don't think it will be any problem to us at that time. We decided to add 25 cents profit per prescription. Now that sounds mighty small, but you must also figure that that 25 cents is an absolute clear profit. The $1.40 already took care of all of our pharmacists pay and everything else that went into it so we arrived at a professional fee of $1.65. Of course to this the cost of the drug dispensed must be added.

I have a pharmacy student from Temple University who will be a senior in September. I wanted to put him to work, so last summer I said, "Smitty, here are a handful of our files for the previous year. I want you to conduct a survey for me and find out.

Take the price of the prescription the way we had priced it and reprice it by professional fee." We had at that time not completed our audit, so we used an arbitrary fee of $1.75. He tabulated 1000 prescriptions using some from each quarter of a whole year so that it wouldn't be just the summer time variety. We covered the whole year and by using the professional fee on those 1000 prescriptions we found the largest price increase was $1.15. The largest price drop was $3.40. By percentage mark up, or what our system was (the Geiger method which is a scale percentage mark up), 126 prescriptions out of a 1000 cost the patient more than $5.00. But, when we had redone these by professional fee, only 52 ran more than $5.00.

At this point right away you will say you are losing money because prescription prices are going down. I can state rather accurately that before we used the professional fee concept our average prescription was around $3.20. It is now about $3.39 (almost $3.40), so we have had an increase in the average prescription price in the change over period. Now we have to think of the patient here and decide whether this is fair. Well I maintain that it is fair, because your patient is not being penalized by percentages. The person who is fortunate enough to be able to use inexpensive medication is not getting the free ride, nor is the person who needs $10.00 worth of Diuril carrying along the person on the low end. Everyone is paying their fair share.

The other person whom you must be aware of today is your senior citizen. We hear all kind of things about the senior citizen, and believe me down in your very close city of Washington, D.C. I know there is a place there that is batting hundreds daily. I have several retired school teachers that live in my area. I've gotten one of them back and I think we will eventually get more of them, but they are getting a lot of medication in those places. So with this type of system I think that what we have done we have tried to encourage through the doctor and the patient's understanding. If the patient is retired and living on a monthly pension most of his income is on a 30 day basis, so we try to have his medication filled on a 30 day basis. We don't recommend more than 30 days because of storage and spoilage. We like to see our customer at least once a month. Maybe that is not often enough, but we put that as a minimum and when we price a prescription by the professional fee these senior citizens have realized savings that are important to them.

We have all talked to doctors. We know that he is probably as a group the poorest business man in the world and prescription pricing is something that has always been a mystery to him, but with professional fee pricing we have finally arrived at a point where it is not a mystery. When I talked to some of my local pharmacy friends on this matter the first thing that comes up is: "Now the doctors are not going to write any prescriptions for the low cost drugs. All they are going to do is prescribe medication and they are going to dispense everything else." Well, Lancaster County, which is only a few miles from here, is a dispensing area maybe more so than where you are from. Detail men have told me that Reading is one of the heaviest dispensing areas in the United States. A friend of mine in the little town of New Holland was very bitter, about this pricing method. He said, "You know my doctors dispense everything that is cheap and the only thing they prescribe is antibiotics." I said, "Wait a minute. When I set a professional fee of $1.65, that might suit me, but yours might be twice that. But, without conducting the audit and following a formula, you will never know what your fee should be." So I have not convinced him yet. I don't know that I will and as far as whether I worry about it or not I don't. We found it necessary also to make some categories in the fees. I gave you the formula for prefabricated prescriptions that can be dispensed on prescription only. For tablets and ready made liquids we use cost of the drugs plus $1.65. In our pharmacy we fill a fair amount of prescriptions for items such as Maalox, which can be bought or advertised in local papers as weekend specials. People know them even though we dispense all these things in our own packaging rather than a manufacturer's package. We still feel that this is an avenue or type of prescription that can't quite be used this way. So we have decided that for a prescription for a well known item that is sold over the counter, and Maalox is our best example, we dispense at the manufacturers recommended minimum price plus fifty cents. This actually is no change from our past policy. Now we also deal with indigent patients. I don't know how Maryland law is. In Pennsylvania the Department of public assistance is rather liberal. Most people who need public assistance and medical care, as well as other things, can get public assistance. They do have one little qualification, namely, they can't own any property. A person who owns a little shack or old garage some place is a property owner and in Pennsylvania does not qualify for public assistance as long as he can afford to own that property. The physician terms these people indigent and for these indigent patients we have instructed the doctor that if he will write plainly "PP" on the blank or tell us this patient is of indigent circumstances when he telephones the prescription that we will sell it to him at the same price that the state would pay. In Pennsylvania that is cost price plus 50%. I have not said anything about compounded prescriptions I am sure that there is a big variation between pharmacies on this. At our pharmacy compounded prescriptions are getting less all the time. Three or four years ago they were maybe 12% or 10%, now I am sure they are below 10%. I think that this is a trend that will continue. The State of New Jersey's public assistance contract accepts the professional fee concept. The State of New Jersey pays cost plus $1.50. When this system was adopted both pharmacy leaders and state officials made the comment that their audit showed that this was fair to everybody because the pharmacy was not making a profit on tax supported monies but likewise the pharmacy was not operating at a loss. Now our state DPA will receive in the next year from our own pharmaceutical association a request to change their pricing method and adopt something similar. We are not far enough along at the time being to tell you what that theme might be. We don't even know if the administration will be sympathetic, but we are hoping that they will. Well, I think the important thing here is to know that your community pharmacy is an important link in health services. You can talk about mail order and discounters all you want but these people can not and do not deliver prescriptions. They do not have as wide a variety as you do. They don't permit liberal credit. They don't have twenty-four hour emergency service. They can't aid the physician in the control of refills and the misuse of drugs as well as you can, because they don't know their patrons. They can, but in most cases they don't care about helping the law deter illegal drug traffic and if you are a community pharmacist this is something that you are constantly aware of.

To close my remarks, I will just say one more thing that we are at present in a constant process of tabulating our daily prescriptions and receipts. We separate all our expenses for the prescription department according to the list that I read to you. We shall audit at the end of six months to decide whether our fees should be changed or raised, even if it is raised only ten cents. If a patient comes in with a prescription which was $3.00, you won't hear anybody argue for ten cents. Likewise if a manufacturer dropped the price of something, you are still going to make the same profit. He can give it away and you will still make your profit. Now this audit will be complete in October. At that time we will review our fee. In all probability it may be changed because there is one course that I didn't give you because we didn't have the information and we are in the process of getting it. That is the cost of maintaining the inventory. It didn't seem possible to my accountant at the time to get this figure without extending the period, so one of the things that will be included in our next audit is his calculation for what it costs to keep what ever your inventory is $8,000.00, $10,000.00, $12,000.00 dollars tied up three months, six months or whatever your audit period is. That will be included as one of the costs in operating the prescription department. If you would raise your prescription fee say ten cents, and you filled 10,000 prescriptions, you see right away there is $1,000 dollars that you have that you didn't have before. It is $1,000 you are sure of. That is all of the remarks that I have.

Mr. Rubin: Thank you very much, Stan. You indicated that you had not been invited before to speak. I think that based upon your comments, you will be asked to a number of other associations.

Some of the points that Stan made I would like to review. He pointed out that the availability and ease of transportation not only helps the discounter, but also the professionally minded and neighborhood pharmacist.

He discussed the necessity for a proper return for professional service which I call "professional-economic."

Stan's formula for calculating the cost of a prescription should be noted: Prescription department expenses per year over number of prescriptions per year give you the cost per prescription.

Note also that his plan is flexible for over-the-counter items and to poor people.

Our second speaker is a very well known personality in the pharmaceutical field. He is talking on a very important topic. President Levin, in his presidential address, made mention of the fact that there are more employee pharmacists than there are employer pharmacists. Now this is due to the fact that there is trend shaping up where the average pharmacist now finds himself working in a pharmacy that is larger than years ago. This means that the "one-man" pharmacy is declining. Now the number of pharmacists nationally is increasing and the number of pharmacies is slightly decreasing. So here we have a large and growing important group of employee pharmacists. You cannot disregard them because in areas where they have been disregarded many of them turned to the unions and groups like that. This is an important subject. I have seen a booklet that Lee Eiler has put out for his employees. I can tell you that booklet is outstanding and reflects a sound type of managerial thinking for it clearly indicates certain things to the employee that are vital. When I was hired as a pharmacist, the only thing that I was told was "Are you a pharmacist?" Yes. There was practically nothing of the philosophy of the pharmacy and the thinking that the owner had. I think that it is very important that we consider these employee pharmacists. So I would like to introduce to you Lee E. Eiler of Dayton, Ohio, who will speak on "Progress for Pharmacist Employer-Employee Relations."

PROGRESS FOR PHARMACIST EMPLOYER-EMPLOYEE RELATIONS

Lee E. Eiler, President, Fidelity Prescriptions Inc., Dayton, Ohio

First, I would like to thank you for the privilege of being on your program today. I wish, however, before I begin my paper to mention that we do in our operation have six professional pharmacies. We have at present 24 pharmacists and about 75 employees. I think that it is good that you know that so you can follow along with what I have to say.

Those who speak of pharmacy as a changing profession are, in my opinion, using the wrong tense. Pharmacy is not changing, it has changed.

As late as the end of World War II, pharmacy was practiced primarily in what today are termed community pharmacies, owned and operated by one man.

Most of the drugs dispensed were compounded by the pharmacist himself. Infusions, decoctions, extractions, were familiar processes in pharmacy dispensing. The administration of chemicals in skillfully folded powder papers and the compounding of pill masses and plasters were commonplace in those days.

Employee pharmacists were virtually unknown, except for those who were serving apprenticeships. Every young pharmacist aspired to own his own pharmacy, and he was virtually assured of success if he applied himself to his work with diligence.

Educational requirements ranged from 2 to 4 years among the 48 states. Assistant pharmacists licenses were given in many states upon the application of a clerk who had worked in a pharmacy a prescribed period of time. As late as 1950 drug store clerks who had been employed in a pharmacy for 4 years were granted a license, in Massachusetts, if they could pass a rather simple examination. We need but to think about these things for a few minutes to realize how profound a change has already occurred in pharmacy. And there is more to come.

Some of us have had to learn a whole new vocabulary that includes words like radio-active, chemotherapy, and psychic energizers. Instead of learning the latin names for botanical drugs, we now twist our tongues on complicated synthetic chemical derivatives . . . none of which are compounded in our pharmacies. The mysterious "secundum artem" of a few years ago has given way to prepackaged products.

The pharmacy curriculum abounds in difficult scientific courses, requiring five years of study in all 48 states, 6 years in California.

The graduating pharmacist of today is a scientist in every sense of the word. He is a professional and he is well aware of it.

He does not, however, plan to open his own pharmacy when he graduates from school; rather he plans to work for someone else. He will join the rapidly growing segment of pharmacists frequently referred to as employee pharmacists.

Employee pharmacists outnumber owner pharmacists by 52% to 48% and the percentage is increasing each year.

The number of pharmacies owned by non-pharmacists is continuing to grow rapidly as well with the advent of chain stores and other drug outlets.

Though he has several choices of employment, statistics show that the majority of graduating pharmacists plan to work in retail pharmacy. And in this area only does he resemble his predecessors. The young pharmacist of today faces a far different, more complex situation than the pharmacist of 20, or even 10 years ago.

He is confused and disillusioned. Who can criticize him for his attitude when he sees the sale of drugs and the dispensing of prescriptions being usurped by grocery stores, supermarkets, mail order houses, shoe stores, ten-cent stores and filling stations?

It is easy to understand why he prefers to work for someone else. In the light of the confusion that has been created by the complete breakdown of the traditional channels for distribution of drugs, and other products, that were once the exclusive realm of the pharmacy, who can blame him?

Would those of us who are pharmacy owners today be willing to take these same risks?

Added to this alarming situation is the relentless, unjustifiable intervention on the part of Federal Government into the drug industry and the practice of pharmacy. To my knowledge, no other profession has ever suffered such harassment. And it has not ended.

The Federal Government has gone so far as to deploy FBI agents to check the prescription files of pharmacists, in direct violation of the pharmacist's constitutional rights.

The consequence has been anti-trust action against individual pharmacists and pharmacy organizations, which, I'm sorry to say, have thus far not been decided in the pharmacists favor.

The nationwide publicity resulting from these actions has served to create a public image for pharmacy that is far from reassuring to a fledging pharmacist.

It is into this chaos, or jungle, as some have correctly termed it, that the new pharmacist emerges.

What are his opportunities for employment? What does he want from his employer and his profession? What can employers do to satisfy his needs?

Pharmacists, in general, must begin, actively, to seek answers to these questions. We must realize that the employee pharmacists is exerting, and will continue to exert, a growing influence within the practice of pharmacy. His future may well be the future of the whole profession.

We must begin now to take action to see that his professional interests are protected and that he is assured his proper status, socially and economically.

To paraphrase an old adage, "No pharmacist is an island unto himself." The actions of every individual pharmacist, good or bad, affects all of us.

The challenge to any management, large or small, is to stimulate and liberate the capacities of all its employees.

Employees in any operation are its most costly asset—or liability—as the case may be. And, believe me, poorly trained, indifferent employees are very costly.

Nothing should be more important to any pharmacy-owner than the establishment of good employee relations.

Big industry realized the value of this many years ago and they have made great strides in the past 20 years. Fringe benefits, recreation facilities, credit unions, and awards for suggestions and initiative are an accepted part of big industry's way of life.

Industry, in attempting to improve employee relations, has conducted extensive psychological studies of employee needs. The results were surprising.

I've heard many employers accuse young pharmacists of wanting only the highest pay and the shortest working hours he can find. But studies show this is not true. A pharmacist is no different from any other professional. By his own admission he wants first of all—recognition. Respect and admiration are a basic need in any human being.

The employee pharmacist, who does his work well, needs at least an occasional word of appreciation. It can be a powerful tonic, an incentive to accomplish and achieve. To the man who takes pride in his work, it can mean as much as a raise in pay. Praise and appreciation alone, however, should never be substituted for adequate compensation.

The employee pharmacist, who rightly considers himself a professional, resents being assigned to spending too much of his time at menial tasks that should be assigned to a clerk, or even a janitor.

He feels that 5 years of difficult scientific training qualifies him for something more than selling grass seed, making ice cream sodas, and sweeping floors. He is not amused when laymen chide him about "going to college to learn to make ham sandwiches."

For many employers this kind of thinking is a wide departure from the concept of apprentice pharmacists and employee pharmacists that has existed in the past. But we must realize that it is a serious issue on the part of new pharmacists. An issue that must be resolved within the near future because it has led to widespread frustration and disillusionment among student pharmacists and graduating pharmacists.

In some areas, employee pharmacists have turned to unions in the mistaken belief that the union can solve this problem for them.

Next, the employee pharmacist likes to be informed about the affairs of the pharmacy or the company in which he works—especially those affairs that affect him personally. He resents learning of these things via the grapevine.

The ideal of every employer is an employee who "works as if the business were his own." Such an achievement is a two-way street. The employee cannot be expected to perform at his best, if he does not understand what is required of him.

He needs to feel that he has the confidence, trust and loyalty of his employer, just as the employer expects these traits of him. This can only be accomplished through frank and open discussion concerning every facet of the pharmacy's operation and the employee's role in it . . in a word, communications.

Employee pharmacists want a good working environment . . . a clean, well-lighted, well-stocked, well-ventilated, well-equipped pharmacy . . . especially the prescription department. He wants to be proud of the appearance of the pharmacy of which he is a part. Environment affects all of us and the pharmacist who works in pleasant, orderly surroundings usually reflects it in his morale and his attitude toward his work. Conversely, the pharmacist who works in dirty, dismal surroundings soon adopts a careless, slovenly way of practice. He feels that if his employer doesn't care, why should he?

Next, the employed pharmacist needs to have confidence in the ability and integrity of his immediate superiors. Management personnel, whether the pharmacy owner or the person appointed by him, must set the example for the people he supervises. Every effort should be made to select capable personnel and to train them thoroughly in their duties. Promotion and pay increases must be given on the basis of performance and initiative and seniority —in that order. Privileges or pay raises given through favoritism breed dissension, disrespect, and discontent.

Many pharmacists employed in chain stores bitterly resent being supervised in professional matters by personnel who have been trained in food store management. This, too, is becoming a serious issue.

The last need of the employee, according to the employee himself, is the need to feel secure in his work and the future. He wants to provide adequately for his family during his productive years and to retire with dignity on a suitable income.

Such provisions are made for millions of other working Americans and the employed pharmacists feels that, he too, is entitled to this consideration.

In our company we have taken whatever steps were possible for us to improve our employee relations.

In our new office building, we provided space for a conference room in which we hold frequent meetings of pharmacists and sales personnel. Company policies, future plans and even financial problems are discussed freely. Attendance is voluntary and I'm happy to say, the meetings are 100% attended, almost without exception.

Between meetings information on company affairs is sent out in the form of Bulletins or notes which are posted on the bulletin boards. Our purchasing agent sends out a steady barrage of information on new products and price changes and other information.

Every effort is made to keep the lines of communications open among the employees in our six pharmacies. Every employee, pharmacist or otherwise, knows that my office door is always open.

We have put much time and thought into the planning of each of our pharmacies, to include new conveniences and new comforts for the employees. Appearance is a prime consideration, too. Our pharmacies were deliberately planned for a "look alike" appearance. Counters are kept clear of any impulse merchandise. Floors, prescription work space, stock bottles and windows are shining clean.

We have been amply rewarded for our efforts by the expressions of appreciation from our customers, laymen, and physicians alike; and the many pharmacists who have visited us during the past few years.

Fringe benefits have been provided whenever possible. Several years ago we reduced the work week for pharmacists to 42 hours and three years ago to 40 hours per week.

We close all our pharmacies on Sundays and Holidays. Pharmacy hours are 8:30 a.m. to 9:00 p.m. for week days. Two of our pharmacies close at 6:00 p.m.

Employees are permitted 6 days of sick leave each year and at the end of a two-year period each is reimbursed at his regular pay scale for all sick leave time not taken.

Two weeks vacation with pay is provided for all employees after six months of employment. We would like to extend this to three weeks for senior employees, but no practical way has yet presented itself.

The company provides insurance for sickness, accidents and hospitalization for all full time employees.

Promotions have always been made from within the company and all supervisory personnel are pharmacists.

Several years ago we wrote and published our own "Employees Manual" which sets down the objectives and policies of our company for all personnel, from pharmacists to delivery men.

All non-professional personnel are given an orientation and training course before they are permitted to start work.

Last year we set up a retirement program for all employees and I am hopeful that it will provide them with the needed funds for retirement.

Has our program been successful? I personally believe that it has. Many of my personal friends have commented on the efficiency and friendliness of our people.

One of my most prized comments, in the form of a letter, was sent to me after a visit of a fellow pharmacist from Massachusetts.

He wrote: "It was really a high point of our trip to visit your wonderful pharmacies and to have the pleasure of meeting the personnel in your organization."

"Your pharmacists are enthusiastic about Pharmacy and your services."

"One of my most vivid impressions is of the teamwork and friendly spirit of your employees."

I am well aware that many pharmacy owners are not prepared financially to undertake broad fringe benefit programs, but much can be done in even the smallest pharmacy to improve employee relations. The employer must keep in mind the basic needs of the employee and attempt to fulfill them in so far as he is able.

We must also realize that the employed pharmacist is a professional colleague; a professional equal in every respect, and his future is an inseparable part of pharmacy.

His needs, his problems and his future should be the concern of all who practice pharmacy.

He can no longer be considered a separate entity — segregated from owner pharmacists—unwelcome in our organizations and at our council tables.

Instead, we must actively work to bring him into our society and make use of his considerable abilities for the advancement of all Pharmacy

In the past several years I have had the privilege of talking with dozens of senior students from the college of pharmacy who visit us each year.

I never fail to be impressed with their enthusiasm, interest and potential abilities.

In my opinion they are a great source of untapped natural wealth for our profession, if we can but devise a professional climate in which their talents can be fully expressed.

Those of us who are established pharmacists and pharmacy owners must take an active part in assuring that future generations of employee pharmacists will have the proper outlets for their scientific training, their abilities, and their need for self expression and fulfillment as professional men and women.

If we fail them, we may well have failed ourselves and the profession of pharmacy.

Thank you.

Mr. Rubin: Thank you, Lee. I think it pretty evident why Lee Eiler is the owner of six pharmacies. Here are some of the highlights of his talk. He indicated that pharmacy has changed and is changing. He spoke of the encroachment of government to watch for—you are all familiar with what has happened with respect to Veterans Administration prescriptions where, in one blow, the Justice Department wiped out a program that has worked well for over 15 years. He pointed to the employee pharmacist's growing influence in the profession of pharmacy. Throughout all his suggestions in dealing with the employee pharmacist, he pointed out the inherent desire for the pharmacist to have professional recognition, not only outside the pharmacy, but within the pharmacy in connection with his employer. He pointed out the importance of communications for the employer to communicate with his employees.

At the American Pharmaceutical Association Convention in Las Vegas a few months ago, I listened to a series of resolutions. Now I probably have heard thousands of resolutions in the past 25 years. I will say without any question that the resolutions I heard at the A.Ph.A. Convention House of Delegates were the best, not only in their wording, but in their content. It so happens that our next speaker was the Chairman of the Resolutions Committee. In addition, I remember 10 years ago at a A.Ph.A. Convention when our next speaker spoke about the need for a federated plan in pharmacy. After he made an excellent plea, one of the old-time leaders of pharmacy in a kindly way made a comment that we should encourage "thinking of that type." Ten years later it seems that "thinking of that type" is starting to get moving. I don't think that pharmacy can afford to spend ten years in getting going.

It gives me great pleasure to introduce our next speaker, J. Curtis Nottingham of Williamsburg, Virginia, who will talk on "The Emerging Organizational Structure in Pharmacy."

THE EMERGING ORGANIZATIONAL STRUCTURE OF PHARMACY

J. Curtis Nottingham
President, Virginia Pharmaceutical Association

It is indeed a pleasure to visit with you today and a real privilege to discuss one of the great challenges of pharmacy in our time.

Maryland is no stranger to me as my native home is on the Eastern Shore of Virginia. Separted as it is from the larger portion of Virginia by the Chesapeake Bay, our ties in some respects were stronger with Maryland than with Virginia. Several pharmacists in our small community are graduates of your school.

As a pharmacy student, I well remember our late Dean Rudd working with your late Dean DuMez. They respected each other and worked together endeavoring to improve pharmaceutical practice in their respective states and nationally.

I also remember a debate between our two schools held at the Emerson Hotel. What a licking you gave us!

Today your esteemed Dean Noel Foss carries on in a distinguished manner. I am proud to call him a friend, a kind and generous friend. It has always been a pleasure to attend meetings of our national professional society, the American Pharmaceutical Association, with him. At M.C.V. today is Dr. Warren E. Weaver, Dean of the School of Pharmacy and an alumnus of your Maryland School. He is doing an unusually fine job, turning out well-trained men and women and reflecting credit on himself and the college wherever he goes.

Back in 1937 as a detail man for Upjohn, I detailed dentists in Baltimore. I also attended one of your Baltimore meetings and well remember Bob Edwards, Bob Wootten, and others. So, I feel very much at home here, and I hope that what I have to say will merit your consideration.

To begin, let us ask ourselves a few questions: Why do we pharmacists organize ourselves? What is our purpose? Can our associations fulfill their missions today?

Sociologists tell us that the average American is by nature a joiner. For fellowship, for status, for love of rituals, for identification with others like ourselves, we become Lions, Rotarians, Exchangites, Kiwanians, and Shriners, often without regard for the projects or purposes of the organization itself.

As pharmacists, however, I think it is fair to say that we organize for self-improvement. We seek to broaden our knowledge for better public service, learn new techniques and methods—both professional and economic—gain information not otherwise available to us, gain strength in unity so as to advance our profession in its public health role by accomplishing as a group what individuals cannot do alone, and to defend our profession against the problems besetting it.

Thus, we have the enlightened motive of improving ourselves and our health services. Surely the purpose of our associations is to improve pharmacy generally, and thereby improve the pharmacists' role on the health team. If these general observations are accurate, then we must ask ourselves if our present organizations are doing an effective job, locally, state-wide, and nationally. I hope this question can be answered affirmatively. But, most of us, I believe, will qualify the answer with the observation that they must do a far more effective job if we intend for our profession to survive as well as to grow.

In order to marshal the forces necessary for a fully effective organizational program, I believe organization must begin at the grass roots. Pharmacists everywhere, and no matter what their specialty, must be given an opportunity to participate. They must be, and know that they are, a vital part of their societies. They must have the opportunity to participate in discussions, decisions, elections, and the implementation of policy. I would like to tell you how we in Virginia are trying to accomplish this goal.

In 1948, I became the first full-time secretary of the Virginia Pharmaceutical Association, and as such, set up our first independent office. Although our association was organized in 1882 and had functioned continuously since that time, we had, I think, fallen behind in association activities. As a full-time employee it became my responsibility to coordinate the state-wide efforts in launching several projects of immediate interest to our members. To gain support for these projects, it was immediately desirable that we contact representative groups of pharmacists around the state. This led to the organization and development of our district associations of pharmacists. We are pleased to report that we were successful in these efforts and within a few years the districts were well-functioning organizations. They were called upon to support many professional projects, including legislative efforts, they cooperated fully.

We helped strengthen the state board of pharmacy for the public's protection, supported our college budget requests, recommended several professional practice legislative proposals and saw them enacted into law. These were tangible results, easily identified and therefore creditable to association activity. However, the most significant benefit in helping develop the district organization structure was to see revealed the latent ability of pharmacists generally. It became apparent that there were pharmacists in large numbers who were quite capable of leadership and responsibility. Not only were they qualified, they were willing to serve their profession unselfishly for the common good.

With the districts fully organized, it seemed advisable that they should have meaningful, working relationship with the state society. Following some study of the organization plan of many states and several other professions, including our state medical and dental professions, it was decided that the federation type of organizational structure would be best for us. The plan was presented also with the hope that the American Pharmaceutical Association would accept us in its nation-wide federation plan for all pharmacy organizations encompassing local, state, and national units.

A new Virginia association constitution was written which would transfer authority to the districts and re-create the state society as a federation of districts. The new constitution became effective when three-fourths of the membership organized into district societies, petitioned and were accepted as components. The rural districts led the parade in ratifying the new constitution. The large metropolitan areas were the last to ratify. First Richmond turned it down. Norfolk then ratified and more than 75% of the pharmacists were represented in districts other than Richmond. Following this, Richmond reconsidered, wrote a new constitution, which was adopted, and successfully petitioned for recognition as a component. So today, our state, 400 miles wide and almost as long, is blanketed with 16 district associations of pharmacists. These associations make up the V.Ph.A.

The state association constitution provides for a House of Delegates. This is the policy-making body. It is composed of 10% of the pharmacist-members from each district. The nominating and resolutions committees are composed of one committeeman from each district. The Council, which is the executive body and exercises financial control and carries out other activities at the direction of the House is composed of one councilor from each district. The districts, in exercise of their full autonomy, name all their own representatives.

Candidates for office are recommended by the nominating committee, accepted by the House and voted on by mail ballot by all pharmacist-members. There are at least two candidates for each office, except president. The first vice-president is president-elect and therefore accedes to the office of president. The first vice-president serves as chairman of the House of Delegates.

This organizational plan is similar, in many respects, to the medical and dental societies. So far as I know, no other state society of pharmacists has attempted a similar plan. We did it for several reasons. I would like to give you a few of these and then relate how it appears to be working out.

Our number one objective was to become more effective in improving our profession of pharmacy. In order to carry desirable and feasible programs to successful conclusion, we had to obtain widespread support and participation. How was this to be accomplished? Were we in the central office going to tell the membership what was best for them? Were we to direct their activity? Or were we going to ask them to be a part of all of it?

We chose the latter. Today the individual members know they are a part of every undertaking. They participate in the decision-making, the planning and in the implementation. They understand that any project of merit must have widespread support and by and large they give generously; time and self being more important than money. Our Fair Trade Act, lost in the courts, was re-enacted at the following session of the legislature. Its language has been copied by several states.

This democratic plan for determining policy and electing officers means a satisfying, vigorous and effective organization. *Those* who may not attend an annual meeting know that their views will be heard on the floor of the House via a delegate. Pharmacists want to vote for their officers. This is their right and responsibility. It is also a far cry from the cloak room sessions of the "powers that be" putting a man in "line" for office. I can honestly state that the professional harmony in our association has improved ten-fold since the adoption of the federation plan.

Another goal was to develop a "modus operandi" for various types of activity. This is now readily accomplished by allowing the respective districts to initiate first action. The problems are referred for state action where desirable. These may be public relations, ethics, legal, economic, interprofessional or other. Whatever their characterization, the plan of local action first and state action to follow, where necessary, is sound and effective.

Finally, we were very anxious that our association be so organized that it could participate fully in pharmacy's national professional society, the A.Ph.A. Although this goal has not yet been realized, we will have the necessary steps before our House of Delegates at its forthcoming meeting. We are extremely hopeful that this plan for affiliation with A.Ph.A. will be adopted by Virginia, as it has been by Michigan, thereby providing a nationwide organization of pharmacists and truly representative of them.

Just as many problems are too big to be handled locally and must be attacked on a state-wide basis, so our changing society has grown so large and complicated that much can be successfully approached only on a national basis. Discount houses, socialistic welfare problems, prescription mail-order operations, poor public understanding of our professional role, federal intervention know no state boundaries. On the floors of Congress, in the halls of justice, pharmacy's position must be elucidated if the profession is to be maintained and improved.

What professional unity has done for us in Virginia can also be done for pharmacy nationally. An organizational structure of pharmacy organizations united from the local to the state level to the A.Ph.A. at the national level is now possible for our profession. For the first time in our history—and perhaps for the last—we have a chance to organize ourselves into one of the most vigorous, democratic professional forces pharmacy has ever seen.

As you know, I have had the opportunity to serve our profession by being a member of the A.Ph.A. for many years. I am at present first vice-president and I have been a member of the A.Ph.A. House of Delegates since 1951. Just as the Virginia House of Delegates is the forum for all Virginia pharmacists, the A.Ph.A. House of Delegates is the forum for all of American pharmacy.

That is why A.Ph.A.'s proposed changes in permanent organization will continue to give every state association some representation in the A.Ph.A. House. No state will be forced out of the House. But, by affiliation, they can have increased representation. Also, as affiliated organizations, they will have priority on the services of the A.Ph.A. and will be represented by A.Ph.A. before Congress, the federal agencies and the nation as are now individual A.Ph.A. members and the Michigan State Pharmaceutical Association.

From my experience, I know that no state association can afford to have a staff of specialists like the A.Ph.A. Being able to draw upon the services and knowledge of this staff is not only invaluable, it is economic and advantageous for a state association. Obviously, too, the more support and resources the A.Ph.A. has, the more services it can provide to the states.

Pharmacists and their organizations are beginning to realize the need for professional unity and to see the benefits that can be derived from local-state-national affiliation. Besides Virginia, Pennsylvania, Wisconsin, Delaware, West Virginia, Iowa, Ohio, Oklahoma and California are all studying affiliation with A.Ph.A. Any state association can do the same thing. A.Ph.A. has no desire to gain this affiliation at the expense of the state associations.

In advancing the federation plan in Virginia, we were prepared to take several qualified risks. First was the reciprocal membership. How would pharmacists react when they were billed for both local and state dues? In many instances certain pharmacists were active in state activities, but not local, and even more were active locally but did not participate in state functions. This problem was met on an uncompromising basis. The "single dues" plan is fully accepted and there is only rare objection.

The most logical question raised in considering the federation plan was whether or not the district organization and the individual pharmacists would accept responsibility and participate. This was a genuine risk because heretofore a central hierarchy had made all appointments and the trusted few were recognized. How the rank and file would react was an uanswerable question. We have the answer now: They responded magnificently. Leadership among the districts was quickly recognized. Young pharmacists—many of them postwar graduates—were eager to serve. Even though some rural districts embrace wide areas—with two-hour drives in order to attend meetings—meetings are well attended. Programs are well-planned and constructive.

Committee meetings on the state level are usually held in Richmond, as are seminars, council meetings, etc. Attendance is excellent, even though some come more than 200 miles from southwest Virginia and from the Eastern Shore across the Chesapeake Bay. In no instance, to my knowledge, has any one of the individuals had one cent of his expenses paid by his district or state association for any meeting—local, state, or national. In other words, the pharmacist serves his profession by participating in association activities and he pays his own way. Obviously, our young pharmacists would rather be active, professional associates than members of some union. All they need is a chance.

This leads me to my final comment. Although subjective and qualified by one's own appraisal—I believe that one of the finest accomplishments of this entire undertaking has been the enhancement of the pharmacist's own estimate of himself. Yesterday he was a man practicing his profession within his four walls; today, he visits with his fellow pharmacists, gets to understand problems affecting the entire profession as well as his own peculiar worries, learns of new ideas, is on better terms with his fellow community practitioners, his inter-professional relations are improved, his vision broadened, and he participates more in community activities and politics. He enjoys participating in his district and takes seriously his assignments and appointments. Yesterday, he wasn't sure. Today he is proud that he is a pharmacist.

Mr. Rubin thanked Mr. Nottingham and said: "When I was a senior in college of pharmacy, I remember that toward the end of the year one of our professors said, "I am going to write a word on the blackboard and that word represents the solution of nearly all of pharmacy's problems." The word was **organization.** That is exactly what Curt indicated. He indicated that **organization as a federated plan** works out to mean **participation and democracy.**

These well knit district units provide opportunities for leadership. Pharmacy can find out who is qualified as a leader and the pharmacist can go up the ladder if so qualified. He also pointed out the effectiveness and advantages of the **single dues plan.**

We have a number of questions which have been turned in. My general comment, after looking at the questions, is this: Don't complain about doctors' handwriting.

I will proceed first with several questions for Mr. Buch.

QUESTION: How are your prescription prices in comparison with your competitors?

MR. BUCH: At the present time in the metropolitan area of Lancaster, there are 30 pharmacies including two chains. The independents for the most part are using a Geiger or Geiger type prescription pricing. In using our new system, we have noticed that the prescription under $2.00 has diminished and your bulk of prescriptions seem to center in the $3.50 or $4.50 category. This has not caused us a problem, either with the physician or the patient, because we have a basis whereby we can show them that they are able to buy expensive medication at a lower price than by my using a percentage mark-up. I do not want Mr. Eiler or myself to get accused of coming here to try to sell you fellows books, but I instituted this program with a booklet that was mailed out to doctors. Mr. Rubin's old standby, the *American Druggist* magazine, ran a little two line thing in their "Teleflashes" that this was sent out and my requests on my desk right now have numbered over 200. I am soon going into a third printing and I have sent them to all over the United States and Canada, and if any of you would care to have such a copy, if you will see that I get your name and address, we will take care of that.

QUESTION: What can you tell us about the detail man who tells the physician what the pharmaceutical will cost the patient? Many of these purposely quote a low price in order to influence the physician to prescribe the item that he details.

MR. BUCH: My hasty answer would be—string him up. But in Lancaster many of us several years ago adopted the Geiger counter as was put out by A.Ph.A. We called the detail men to a meeting and, as an organization, we asked them that before they quoted a price to any physician anywhere in the county they should check at least three stores, and if the doctor asks how much it is going to be, that he should give them a price range. Under our present system, I have made no secret of our pricing system to anybody, including the detail man, and what I have told him is—you know what it costs—that is what it costs the patient and to that we add our fee.

QUESTIONS of MR. EILER.

QUESTION: If I followed your remarks carefully, I note you made mention of profit sharing. Although I employ only one full time pharmacist at 48 hrs. per week for the past 6 years, his bonus has been approximately 10% of profit. Is this a fair share or do you think otherwise? He is covered by other benefits also, such as sickness and hospitalization plans. Where can we purchase the book you published?

MR. EILER: As for as what you are doing for your pharmacist, I would say you are doing quite well. I do not know what your profit is, but I would say you certainly are on the right path. I think that is tremendous and is what we have to do with our pharmacists. I might mention that our company has grown quite a bit and we had to incorporate and all of our pharmacists are part owners or stock owners in our company. We have done that through a bonus and the bonus was part stock in our company and it has helped tremendously. I can play golf seven days a week and it doesn't seem to affect business at all because these pharmacists feel and they say "us" and "our" and "we." They do not call me the "boss"—they call me a lot of things, but they do not call me the "boss" because I do not like to be called a "boss." I just feel that I am one of that group of pharmacists who has built that company of ours.

QUESTION: What is the price of your book?

MR. EILER: Those books are $3.00.

QUESTION? What is your salary scale—hourly, weekly, seniority?

MR. EILER: Of course, the salary scale—we do not work on an hourly basis at all. We pay ourselves a pharmacist's straight salary and that averages anywhere from $150.00 to $225.00, possibly, per week. It depends upon the individual man, whether he is an assistant manager, manager and other responsiblities that he takes. I have one individual who kind of takes over when I am away and he does draw the largest salary at the end of the week, but I think this salary thing is something that is an area. I know in Cincinnati, 50 miles from Dayton, salaries are as high as they are in Dayton and it is different. Seniority—I do not know just what you mean by that—what do we do as far as seniority? We do not promote a man simply because he has been with us longer than the other men. If the other men are more capable, and we open a new pharmacy or we have an advancement somewhere along the line, we call the manager, the number one person, and the assistant manager. We get the person who is the more capable.

QUESTION: Will you explain the mail ballot.

MR. NOTTINGHAM: First the Nominating Committee reports to the House of Delegates. The Nominating Committee is composed of one member from each district association. We have 16 districts—so we have 16 members on this committee. They select their own chairman and they nominate a minimum of two candidates for each office with the exception of that of president. We do not nominate anyone for president because the 1st Vice President is president-elect. We have first and second vice presidents, treasurer and secretary and this comprises the mail ballot. When this slate is submitted to the House of Delegates, it is subject to amendment and, upon acceptance, it is mailed out to the membership following the annual meeting and, of course, the ones receiving the highest number of votes are elected.

QUESTION: What is your dues structure?

MR. NOTTINGHAM: We have only one class of pharmacist membership and that is for members. However, the dues are broken down for the state membership into two classifications—one is $30.00 for pharmacy owners or managers or pharmacists in charge. The employee pharmacist pays $15.00 on a state level. In addition to that, $5.00 for each district association dues. We set the district association at the lowest dues for any district in the state and made that across the board. However, several of the districts have dues larger than $5.00 but the state association, having paid office staff, handles the billing and each 30 days an accounting is made to the district and the $5.00 from each member is remitted to them.

QUESTION: How do you figure obsolete drug costs and costs of maintaining inventories?

MR. BUCH: The cost of maintaining inventories is the problem that we are right now involved in and we kind of have it in our minds that our accounting firm will devise a formula there that an investment of so many dollars as a cost of borrowed money. If it was borrowed money or invested money, what would it be—4% or 5%—and I think this is the figure we will use. This figure we will not have until October because we do not want to have less than a six month working period to get that. As far as the obsolete, or what we call the morgue—every quarter before we close the quarter, and we close our present quarter the last day of June (just before I left to come up here) my managing pharmacist and I went through the various counters and shelving of our prescription department and pulled out the broken packages. We date everything and we pull out stuff we consider dead items or what we call morgue items. We put an actual value on this whenever we pay for it—if we have ½ pint of something that cost us $5.00 a pint, we have $2.50 there we are going to delegate to the morgue. We keep a card file on every item that is in the morgue and the morgue, of course, is the darkest, dirtest back hole in the cellar because we very seldom go down there and drag anything out. This expense, whatever this totals, every quarter is added on as a quarterly expense and, of course, this would not include full packages or new packages which most of your manufacturers are willing to either exchange for new merchandise or give you full credit for.

QUESTION: Have you had any problems explaining the difference in cost of a smaller quantity over the larger quantities?

MR. BUCH: We had to establish this at the beginning, and using an item like Diuril, if you figure that you pay whatever the Blue Book or Red Book cost of that item is, it happens to be $6.00 for the half gram Diuril $6.00 per hundred. That is the only figure we use. We use cost price of each of .06 each. If somebody decides that they want to buy 150 or 200, which doesn't happen very often, even though we buy them by the 1000 we ruled that out right away because when you are buying a drug by the 1000's the several dollars you might save on the 1000 is automatically we feel eaten up by the fact that you are investing more money over a period of time. We work on the smallest manufacturer's price and that's where we continue it right on through.

QUESTION: On what basis do you base cost of ingredients? Direct price or wholesale?

MR. BUCH: We use the Blue Book price for the smaller size. There is one thing here I did skip over. For compounded prescriptions we again use cost of everything, but we figure our pharmacists time in the compounding operation at $6.00 an hour. This may be due for revision, but we feel at present that that is a starting point and we also have made a minimum compounding fee of $1.75 even where we would take two liquids and make a simple mixture.

QUESTION: Have you had any problems explaining to the patient the difference in cost when you are dispensing less than the original package quantities?

MR. BUCH: We found it necessary to have printed a package insert we either hand directly to the customer or we put it in with the prescription. I will read it to you. "Your prescription has been filled at our cost. To that cost we have added a professional fee for the pharmaceutical services rendered in cooperation with your physician. Part of our function is to advise you on suitable quantity purchases to afford maximum economy for you and your family without sacrifice of quality or service. Our fee schedule is computed by accurate accounting procedures. We invite you to discuss with us any questions concerning the cost or fee included in the price of your medication." Now I think what you are trying to get at is that something could be very inexpensive—say it cost .40 or .50 per hundred—so they have a prescription for 50 tablets and you have a fee of $1.65 plus a quarter. Then the doctor says: "They work fine and I want you to keep taking them." The patient says now he wants to get them by the 100's. Well we just don't make a secret of it. We say, "Well this $1.65 is what we have to have for the services we are rendering to you and if you are buying .50 cents worth of the drug instead of .25 cents worth that will be the only difference in price. We have had no problem with this. I know that with me when I started thinking of this, this was a big pill to swallow—almost impossible. It's down now.

QUESTION: How does one resolve the paradox inherent in the fee concept if you concede that the fixed costs of the Rx department are essentially the same for the department doing 5 Rx's or 100 Rx's I assume for a day. That the only way to reduce your fee is to do more Rx's and that the pharmacy that does only a few Rx's excludes itself from the possibility of increasing its Rx volume and thus lowering its fee.

MR. BUCH: Well I don't agree that the cost is the same.—I mean you use quite a spread here 5 Rx's or 100 Rx's. I think a store that is doing 100 Rx's a day, what with delivery and other services that they had to have to attract that kind of business, at least in our area, would find costs that far exceed the cost of man doing only a few a day. Until you take that multiplied out on the top of the line and divide it on the lower part of the line there isn't much difference. Now we did take the trouble to check other parts of the nation. The fee concept is in pretty wide use in the Southwest and certain parts of the West and Midwest. We found that even some chain operations or small chain operations have gone to a few where they had no services, no delivery, no charge accounts—various services that to me are part of my business. The smallest cost that was reported was $1.20 and the highest cost that was recorded was $1.60. Now there is only a .40 difference, and you can look around in any of your areas, and if you find that the prescription prices between you and the fellow around the block and the guy downtown to come out within .40 of one another—your problem is licked. Right now the problem is that sometimes these variations are several dollars. You don't ever want to get in the situation where your fees are the same, because once you do that you are right back with the federal boys again trying to find out who's fixing fees. You should very definitely be able to have the bookkeeping and everything available to show to anybody how you arrived at that fee, even if the guy in the next block has the same fee. As long as he did the calculations and comes out with it based on his business expenses nobody can be criticized.

QUESTION: How about multiple Rx's as four to one patient at one time?

MR. BUCH: We have made no change on the set-up on this. We feel that if one patient is getting a prescription and he needs four prescriptions instead of one this is no different in our expense set-up than if four patients came in and each had one prescription. The only thing that we do is where we know the patient and know what the situation is and see that the doctor is prescribing 12 of something (say 12 Diuril) to see how it is going to work out. When they get the first 12, we tell them. "The doctor wants to find out how this is going to work and if the doctor wants you to continue we say you are going to pay this $1.65 fee whether we are giving you 12 tablets or 100 tablets. When you establish a need for your drug then we will discuss a quantity that is most in keeping with your budget and will give you the best value in your health care dollar."

QUESTION: Do your pharmacists participate in pharmacy organizations? Do you encourage them?

MR. EILER: We certainly do encourage them. In fact I have a ruling whereby (I wish I had this years ago) when I hire a new pharmacist I tell him I expect him to belong to the local and state associations and the A.Ph.A.—I feel that is the national professional association and I have had no turn down on it. I also might mention that this year we have had more applications for jobs as pharmacists then I have ever had since I have been in business and I think that reflects a thinking of the students. The deans come to see us and I see them quite often. At one of our schools one of the discounters called for an interview with the students—with the graduating class. The dean said to come down. Of course they never came. The dean said he would like to have turned his students loose on this individual. That's just their thinking—and in talking to these boys they come and they want jobs. They don't want to work in a union pharmacy. They don't want to work in a discount place. They want to work in the good community pharmacy and I believe that is a definite trend.

QUESTION: Are your pharmacists paid their salaries when they go to meetings, seminars and conventions?

MR. EILER: Absolutely. We encourage that. We are glad for them to go. We just can't get enough participation. I am generally myself on a local level, because at my age it is very difficult to get me at 10:30 at night because I am generally in bed by that time, because as you know they usually meet around 10 or 10:30 at night and that means they start their meeting around 10:45 or 11 o'clock. I don't attend these meetings, but I do take an active part whenever there is anything or any problem that comes up. We just had a problem with our newspaper in our city. I happen to know the editors real well. The newspapers wrote the association and asked if I would head a committee from the group to talk to the newspapers and I gladly did. We went and told the newspapers what we didn't like. We had no objections to all these editorials they were writing during the Kefauver investigation of pharmacy as long as they were true. But they were not true, and we showed them they were not true, and boy they took water. They said in the future they would not write an article unless they called somebody and found out if it was the truth unless it was an emergency. We also have a very fine relationship with our medical society. I think it is one of our great attributes in our city. We work very close with the executive secretary of our local medical association. We are always very close with the president of the local association. We have a cut rate which I think is about the worst in the country, I know we all think we have the worst competition, but I think we have the tops.

QUESTION: What percentage of the total pharmacists are now members of the state association as compared to before federation?

MR. NOTTINGHAM: We have about 1600 pharmacists in Virginia and since adoption of the federation plan we have a membership of about 80%. It has been as high as around 85%. We have around 1250 members out of 1600. Our state conventions will register in excess of 300 pharmacists. We have had as high as 1000 registrations including wives, traveling men, guests; but our conventions usually register in the neighborhood of 700 or 750. The membership I think it is fair to say is at least 80% of the pharmacists in Virginia.

QUESTION: How many before federation?

MR. NOTTINGHAM: In 1948, when I assumed the secretaryship we had less than 600—in the first year we went over 600 and went up to 750 or so at the time of federation and it has grown from that point since. Possibly 25 or 30 per cent easily increased since federation.

QUESTION: Is your representation based on the population of each district?

MR. NOTTINGHAM: The pharmacists population has no relation to the population of the community. Our districts were established with several things in mind. The first considered I might say were congressional districts, but to such a manner that that wasn't feasible. We then studied the organization of the medical societies. Of course pharmacists are not as concentrated as physicians are (that is in number), so some of our districts embrace more than one medical society, but it is really more along those lines. Of course the geographical arrangements have a lot to do with it. We made it as feasible as possible for travel. No problem of course in our metropolitan areas such as Richmond, Norfolk, Portsmouth, Roanoke; but they all embraced the counties immediately adjacent to them. In our rural areas they have been set up so that they are reasonable for travel and common interest. For instance, the district in which I reside it is 100% rural. We have no cities in the entire district. Most of the towns have only one drug store. Some of them have two and the largest town—Williamsburg—has four. That is the largest concentration of pharmacies that we have in the whole district, but we have just a small district. We have about 50 pharmacists in the district and frequently for several years we have had 100% membership of the pharmacists in that district. It is not unusual at all for a district to have 100% membership, particularly in a smaller district. We may have had in posing the question not quite understood what I meant by the representation in our house of delegates. The house of delegates is 10% of the membership. If we have 50 members, we have 5 delegates in the house.

QUESTION: The house of delegates is 10% of the total membership each district. What is the council—one member from each district?
MR. NOTTINGHAM: Right.

QUESTION: Which supercedes in authority?
MR. NOTTINGHAM: They are all of equal authority.

QUESTION: Under the constitution they each have separate duties that they perform—the House of Delegates and the Council?
MR. NOTTINGHAM: The House of Delegates makes policy and the Council is the executive body.

QUESTION: This is made up of one member from each district?
MR. NOTTINGHAM: Yes—regardless of size.

QUESTION: What happened in Virginia when Richmond did not join the federation?
MR. NOTTINGHAM: We had some opposition in Richmond, which was respected, and they followed that leadership until the rest of the state adopted it. It was 100% except for Richmond. We had 75% of the pharmacists which was a format in which the new constitution became effective, so Richmond could either stay out or come in. They decided to come in. So they wrote a new constitution to conform with the state constitution and not be in conflict in any way and they petitioned and were accepted.

QUESTION: So under your constiution now there's no chance for any single district taking over the association?
MR. NOTTINGHAM: I think not, I think the safeguards are all there.

QUESTION: In your mail ballot do you provide for a write in vote?
MR. NOTTINGHAM: I don't think that is provided for.

QUESTION: How would it be possible for any district to take over when they only have 10% representation? Isn't that the protective phase of the organization?

MR. NOTTINGHAM: It provides a good balance, I would say, and it certainly is the democratic way our state legislatures are set up. In our House of Delegates it's on the population of a district that the delegate represents and that is the way naturally the more populated areas have larger representation. So our districts that have the most pharmacists in it have the largest voting strength in the House of Delegates. It's balanced so that no district could possibly have undue influence.

QUESTION: That's what I mean—10% protects the entire organization from being taken over by one particular area.

MR. NOTTINGHAM: Yes, I think that is right.

MR. RUBIN: Our time is up. I would like to thank you for being such an interesting audience. We certainly enjoyed having these panelists here.

MR. RUBIN: If there are any further questions, you may address them directly to one of the speakers after the meeting. I will now turn the meeting back to President Levin.

PRESIDENT LEVIN: It certainly was a rewarding experience to be present at such a magnificent panel. I would like to invite the moderator and panel to remain with us for the balance of the Convention and take part in all of the festivities.

President Levin then made announcements of the swimming demonstration in the afternoon and the sports activities. The evening entertainment was to feature dinner in western style and T.A.M.P.A. presentation of "A Night in Las Vegas"—a complete night at the casino for all, with costume prizes, dancing and refreshments.

With the drawing of attendance prizes, the Second Session was adjourned at 1:30 P.M.

THIRD SESSION

Wednesday, June 27

The Third Session of the 80th Annual Convention was called to order at 10:00 A.M. by President Levin who then read the following telegrams which had arrived the previous day.

"Best wishes for a very successful convention. Secretary Gruz should be highly commended for his splendid leadership and accomplishments since he has been in office. I am confident that his continuation in office will greatly benefit the pharmacists of Maryland. I also want to offer my congratulations for your leadership as President in the past year." Simon Solomon.

A telegram was also received from David I. Estrin, President of District Wholesale Drug Corporation, offering his good wishes for a successful convention.

The gavel was then turned over to First Vice-President Victor H. Morgenroth, Jr. to preside as Chairman of the Third Session.

After the award of the Early Bird Prize to Herman Taetle, Chairman Morgenroth announced the showing of a color movie, "What To Do About It!" This movie was presented by the Eastman Kodak Co., to suggest ways for coping with competition and demonstrated the part that may be played by photo counters in pharmacies.

The Eastman Kodak prize was won by Eli Fedder.

Chairman Morgenroth then called upon Simon Solomon, Chairman of the Fair Trade Committee, to render his report.

REPORT OF THE FAIR TRADE COMMITTEE

Simon Solomon, Chairman

Mr. Chairman, President Levin, Secretary Gruz, members, ladies and gentlemen: I sometimes wish I had never heard of the words "Fair Trade," but when I think back and realize how fully we have benefited by it over many years, then I feel that the headache and heartache that we are now witnessing really has been worthwhile. I believe the job that can be done and should be done is not being done; that is, we are not supporting the Quality Stabilization Bill as we should. Don't misunderstand, we have not done so badly. I think we have done a pretty good job, but not a big enough job. It is true that we had a rally and while it was not what you would call a complete success, it was far from being unsuccessful because at least out of that rally, you understand 848 telegrams were sent to Washington to our representatives in Congress. In addition to that, the month or two before that I know that hundreds of letters and telegrams had been sent to our representatives. But the last six weeks are the crucial weeks. We have to send letters and letters and letters and telegrams as we have never sent them before.

There have been many reverses in the State Courts. There is a most pressing need for better legislation, such as a Quality Stabilization Bill and a Fair Competitive Practice Bill, known as the Humphrey-Capehart Bill, S.J. Resolution 159 in the Senate and the Harris Bill in the House, known as H.J. Resolution 636. In order to make Fair Trade uniform and effective throughout the country, it is evident that if Congress enacted a national resale price maintenance bill the constitutional objection to the body of the State Fair Trade Laws would no longer be of any great importance. In other words, it is mandatory to have a federal statute to overcome the reverses which have nullified so many state laws. If, however, Congress should fail to enact the above legislation, it is the consensus of opinion of many experts in this field that the future of price maintenance is in serious trouble and is most likely to collapse completely. As a result of the agreement between the National Association of Retail Druggists and the Quality Brands Associates on a single Fair Trade Bill, to which both would now give their full support, a new and effective weapon has been placed in the hands of those fighting for enactment of a federal bill. It means that a solid front has been established and at last we have taken a major step in the fight to make a federally backed maintenance bill a reality. No question that the task ahead of us is formidable. Our opponents will not relax in their efforts to defeat this legislation. We must fully realize that after much previous stubborn resistance by the opposition during the past three years, that bringing about its enactment is not going to be an easy task by any means. But it can be accomplished if all of us work together with aggressive determination.

It cannot be denied that the road that lies ahead for this bill is a very rocky one and, while it is true that many difficulties confront us in the success of the above legislation, it does not necessarily mean that the many obstacles in our path are insurmountable. We can achieve success only through the determined efforts of the independent retailers of this country, particularly the independent retail pharmacists, who have much more at stake, by letting our representatives in Congress know how we stand. They will never know how we stand unless we so inform them.

This is election year over the entire United States and it means that Congress is bound to adjourn a few months earlier than usual which will certainly not be in our favor. So write and wire your congressmen and senators and keep on writing. We must have a deluge of telegrams and letters to these people.

Today is really one of the happiest moments of my life actually because I am here among my friends, discussing a problem which is so important to all of us. I have fought with many of you here today for Fair Trade for more than two decades. While our many changes have been very discouraging, it is a source of great satisfaction to know that many of us here today have greatly benefited because of the price stabilization by many manufacturers over the years. Without it, I feel that all of you will agree, it would not have been possible for many of us to survive. How long we shall endure I do not know and I don't think anybody else knows, but what I do know and I do not hesitate to predict is that if this trend of ruthless price-cutting does not stop, many small retailers here today and over the entire country are going to find really difficult sledding in order to survive. Unfortunately you cannot earn the profit which you are entitled to under the present chaotic conditions under which we are operating, despite what Kefauver says, with increasing overhead expenses and ruthless competition. So why are we here today? We are here today to lend every effort to work together to see if we can do our part in helping to enact legislation that will be not a cure-all, but will go a long way in helping alleviate our distress and that is a Quality Stabilization Bill. The Quality Stabilization Bill is like a life preserver and there are going to be many independents all over the country within the next few years who are not going to be able to swim through these rough waters and reach shore safely without such a life preserver. As Senator Humphrey said at the recent convention of the American Pharmaceutical Association, "This is it!" He said if we do not succeed in achieving this legislation at this session of Congress, we might as well throw up our hands and quit, and I say to all of you today as strong as

I know how to say it, that the only thing which can prevent us from succeeding in getting this legislation is the apathy of the many thousands of independent retailers over the entire country. Fellow pharmacists and friends, this is your fight for survival. You just cannot meet the cut-throat competition coming in from every direction and our only hope is the enactment of the Humphrey-Capehart Quality Stabilization Bill. You are going to do a good job in the next six weeks or else we are going to fail. These are crucial six weeks. That's what they tell us and that is true. This is a time we must take off our coats and do the job we are supposed to do and that we can do. Otherwise many of us are not going to survive.

What we need very badly, which has been advocated over and over again, is a real public relations program so that we can fight back at our opponents, who are seriously damaging the prospect of securing this price maintenance legislation. I refer particularly to paid advertising appearing in newspapers all over the country. Silence in my opinion is a very weak weapon to fight our adversaries who are making great headway in building up strength, not only to defeat national legislation but also to repeal state Fair Trade Acts in the near future.

Our group here in Maryland has long ago advocated very strongly and repeatedly a central planning agency. Our greatest handicap has been a lack of such program. This agency should be national in scope and have as its subscribers or supporters every segment of every industry who believe in giving the small independent a legitimate profit on the products he sells. This agency should do nothing but disseminate propaganda favorable to resale price maintenance legislation. Now we do not mean that it should mislead the public with false statements but let them know that through its newspaper articles, radio and television programs this legislation is basically and economically sound. I have always felt that we have shied away from something that we should have started maybe twenty years ago. The consumer, because of legislation such as quality stabilization and fair competitive practices, buys quality products with which the consumer is well acquainted and without a fair profit on trademark products many small independents would be compelled to push what might be considered inferior non-brand products, if the ruthelss, cut-throat competition continues. We should appeal for a sense of fairplay by the public and let them know that this legislation is vital for the survival of millions of small retailers and their families and without them every community in every city in every part of the country would suffer and that free enterprise, under such conditions, just cannot exist. We feel more strongly than ever that the time is long overdue when we should present our case to the people directly by means of a carefully thought out program by our national and state pharmaceutical association leaders. While we are gradually losing out because of complacency, if we are at fault by not making a concentrated effort to give the public our side of the story, then it is about time we change our policy. Otherwise the day of reckoning is fast approaching when thousands upon thousands of small retailers will not be able to survive. I feel that like many of my colleagues here today, and I am sure they will agree with me, that the National Association of Retail Druggists as our leader in the economic field should seriously consider such a program. It very wisely selected one of the most prominent anti-trust lawyers in the country to protect us against ready-to-bow-to anti-trust laws, Earl Kintner. It especially has been mainly responsible for the large membership enjoyed by the N.A.R.D. over many years. We feel that we have a right in a constructive manner to ask him to become more aggressive in behalf of the small retailers whom we represent by establishing the public relations program to help those states who are having Fair Trade difficulties. It must be on a national level as individual states cannot successfully carry out such a program and I believe that the pharmacists of this country would be more than happy to contribute maybe $10.00 or $15.00, no more than $25.00 per year, to help support that program. Now I wish it to be understood that this is not a reflection on any of the officers of N.A.R.D. as I have the utmost respect and highest regard for Phil Jehle and also the other Washington associates who are doing an excellent job. I have been for many years a very strong supporter of the N.A.R.D. and I will continue to be a strong supporter and I feel very strongly that it should be fully supported by every retail pharmacy owner in the entire country. The A.Ph.A. is doing a tremendous job for professional pharmacy, but economically it would never be able to take the place of N.A.R.D.

Now why have I said we should have a public relations program? I think most of you have seen some ads and what are we doing about it? We are just sitting still doing nothing hoping they will gradually die away. But let us realize that if these ads continue weekly for the next six months, the people will be so aroused that we will be unable to do anything and you can expect a repeal of the Fair Trade act. Well, I don't think we should let them go unnoticed. Sure, it's going to cost money. But what are you going to have if you don't have any business—are you going to have any money at all? I think we should say, as has been said by discount operators, that a consumer who is willing to ferret out a bargain is entitled to the savings he finds. I think we should also say, unquestionably in many cases, these same discounters take advantage of their customers and competitors by unfair and deceptive practices by claiming they have highly advertised products of equal or superior merit on which they make a tremendous profit by switching their product when a nationally trademarked item is called for. Now they also say this. "Most manufacturers believe, as we do here at GEM, that the retailer who buys and pays for merchandise is entitled to sell that merchandise at a price that he himself determines. We believe that once a manufacturer sells his product to a retailer and pockets his profit, he thereby relinquishes his authority over this product. It should then become the retailer's business to determine the selling price of that product to the consumer, just as it is the consumer's business to determine whether or not he wishes to buy it."

Now I ask you to visualize the consumer—the average person knows nothing much about Fair Trade—all he knows is that he's getting something cheap. But when he is told by the owner of this type that the retailer has the perfect right to charge any price he wants, much as it is, then he thinks Fair Trade is absolutely no good and that it should not be anything to stop the retailer. He has a right to believe that but I think we should make our position known as to why that is not true, by legal interpretations. I feel the average person in America is very intelligent. After they hear what the court has to say, probably they will be more ready to agree with you than they will with anybody. However, if this goes unanswered, there is only one answer, only one thing for them to know. That we are taking advantage of them, that we are trying to tell the retailer it is his product but he cannot sell it. Now it has been said by the price cutters that since a manufacturer sells his product to the retailer, he thereby relinquishes his authority over the product. In other words, these fellows feel they have the right to take any trademarked product, upon which the manufacturer has spent many years and thousands upon thousands of dollars, thereby creating a great demand for a quality product by the public, and use it as a bait by selling it at slightly above cost to attract customers into their establishments and selling these products—private brands—at enormous profits. Fortunately for us, and I think this has a good effect, the United States Supreme Court disagrees with the discounters and price cutters. Here's what the High Court said. "We are here not dealing with normal commodity, but with a commodity plus a brand or trademark which bears evidence of the origin or quality of a commodity for which a brand or trade-mark stands. The retailer owns the commodity, but he does not own the mark or good will that the mark symbolizes." The Court further stated that injury to good will, like injury to any other property, is a proper subject for legislation.

Now here again, let us see what GEM says. "It is a fact that price fixing, illegal in other states, is legal in Maryland." Can you realize the impact of these words? What they are actually saying to the public, who is not familiar with this, is that Maryland is the only state that has legalized price fixing. And we say nothing to combat that. They say nothing about the 27 states in which the high courts have upheld it and which the Supreme Court has upheld. Now let's see how we should answer them. I think we should say that 27 states, including Maryland, have resale price maintenance legislation. So you can readily see how misleading it is to say that it is illegal in other states, thus implying that it is only legal in Maryland. It is also misleading to say that the Supreme Court of many states has ruled such legislation unconstitutional without informing the public that the high court of the 27 states which have had it has declared it constitutional. What is more important is what the United States Court has unanimously said. It has upheld this particular decision in the 1931 decision unanimously and in its entirety. It has upheld this legislation as being constitutional and a protection for the consumer. It means that as far as the Federal Constitution, it would be consistent with its principles and demands. I think we should also tell the public about **loss leaders.** I don't think we lay enough stress upon them. The United States Supreme Court has said on more than one occasion that the selling of selected goods at a loss in order to lure customers into a store is deemed not only improper means of competition but also plays upon the gullibility of customers by leading them to expect what generally is not true; namely, that a store which offers such an amazing bargain is full of such other bargains.

I think we should point out some of the things that should be answered between the Quality Stabilization Bill and the Fair Competitive Practice Act that we attempted to put through last time. Now don't misunderstand me. I am not criticizing the Quality Stabilization Bill, because those of you who are familiar with legislation know that we must compromise and I assume in order to get a basic bill it would be necessary to try to get the Quality Stabilization Bill, hoping that the other things would be ironed out in the committee, which I am sure our representatives in Washington are trying to do. The original Fair Trade Act is more explicit as, for example, a trademarked item must be in free and open competition, with other commodities of the same general class before it can be fair traded. The Quality Stabilization Bill in this respect is sort of ambiguous. As Section 8 says, "Goods used for the same general purpose are available to the general sources other than the owner of such brand-name or trademark to effect the resale of goods, so identified may be revoked by the owner of such brand or trademark commodities upon written notice or otherwise." Now the words "and sold for the same general purpose" are probably meant to have the same meaning as "free and open competition," but the reason I bring this up is because the question which has been asked at the hearing in Washington is what is meant by this. And the answer, "this is free and open competition." They said the answer is not explicit enough, that it should be brought out and said "free and open competition."

One of the questions also asked at the hearing was whether a manufacturer protects various prices in different areas of the country. It is possible that amendments may be needed to clarify whether or not the same price must be set at the source as where it it sold. One of the essential differences between the Fair Trade Bill and the Quality Stabilization Bill is that in the former case a manufacturer establishes a minimum resale price for a product and if the retailer should sell below that price, a manufacturer could legally compel the retailer to raise his price. But that isn't actually the Quality Stabilization Bill. It does not seriously establish the right of a manufacturer to set a minimum price on his product. It merely says that whenever a trademark or brand name owner discovers his product being used by the distributor in any scheme involving, first, misrepresentation, second, mismanagement or bait merchandising and, third, also selling under the established price, he may revoke the offending distributor's right to use his mark as a brand in reselling such goods. Now you could interpret this statement to mean that the manufacturer does have a right to set a price, but it is the opinion of many experienced Fair Trade experts that the right must be explicitly spelled out. Otherwise the court will attempt to interpret it very narrowly. Let me explain what is meant by this. The Quality Stabilization Bill does not authorize the manufacturer to establish a minimum price, which in our case it does set. The only thing it does allow is to revoke the retailer's right to sell the product, if he sells it at a price other than the currently established resale price. In other words, a retailer could not charge above or below the established price, whatever that might be. Let us assume that the retailer for argument's sake would want to sell above the established price, which some retailers are likely to do and do now, even above the Fair Trade price. Then we would not want to take such action against a retailer who charges above the price. But Section II says it shall be a defense to the charge of unfair competition for the defendant, meaning the retailer, to establish that the plaintiff, the manufacturer, had not used due diligence in revoking the right of all persons in substantial competition with the defendant, when he knows that the plaintiff, the manufacturer, is not going to permit the fellow, or take action against the fellow who has his price above the minimum price. Therefore, it is felt by some prominent legal authorities that his being forced to stick to the strict letter of the law would certainly help the manufacturer's case when he went to court with a price violation of his product. In other words, if a man sells above the price, he is in violation just the same as if he sold below the price, and if a man should actually refuse to go into court with that particular case, then it is most likely that the court would refuse to take action against the retailer who has violated his price below standard. Perhaps all of you are familiar with the fact that the Quality Stabilization Bill does not provide a cause of action by one retailer against another retailer, which is allowed under our State Fair Trade Act. The question arises whether the retailer has any quality interest in a trademark or brand. Speaking for myself, I would certainly like to see a provision giving the retailer the right to sue if he feels he has been damaged by another retailer who violates a fair trade price established by the manufacturer. I feel very strongly that unless a manufacturer is sincere he should not enter into a Fair Trade agreement, but when he decides to enter under Fair Trade then he should conscientiously enforce his Fair Trade contract. I feel that Fair Trade can only be effective if the manufacturer wants it to be effective and he is the one who should do the job if price stabilization is to endure. But it should be the right of any retailer who has been damaged to sue because it is actually the competing retailer, who is observing the retail price, who will bear the burden of these violations. I would like to quote a very prominent authority on Fair Trade who said he doubted whether Congress would declare an Act as being unfair trade practice and limit its enforcement to trademark only. The result is, he feels, that retailers are equally and probably more so damaged by the unfair trade practice. He further said that Congress would consider it a discriminatory provision, giving the cause of action to trademark owners and not to retailers who have spent millions of dollars in trademark articles and probably on the final movement for the merchandise in the market place. You can readily see just what they mean. I do believe that there should be some provision in case the manufacturers do not enforce their contracts and the retailer would have a right. We must still give our wholehearted support to this bill. Here is the thing that concerns me very, very much in this bill and I think it is going to be sort of a controversy. What I believe is going to give us very serious trouble is the anti-trust exemption in the Quality Stabilization Bill. I think all of us familiar with this legislation know that Congressman Celler and Congressman Dingell were very hostile towards this legislation, attacked the provision in the Quality Stabilization Bill which they claim would not overrule the United States Supreme Court in the McKesson-Robbins Case. You no doubt recall in the McKesson-Robbins Case, the Department of Justice held that McKesson-Robbins had violated the McGuire Act by making contracts with independent wholesalers covering McKesson-Robbins own products. The Justice Department charged that the company was conspiring illegally to fix minimum retail prices on their product in violation of the Sherman Act. Unfortunately, the lower Federal Court ruled that Congress had recognized the legal right (fortunately I should say) of manufacturers or wholesalers with dual functions to fair trade their own manufactured trade mark. But the Department of Justice was not satisfied with that decision. Instead of appealing to the Court of Appeals, they had the right under anti-trust because criminally involved to go direct to the Supreme Court of the United States and that is exactly what they did. On the ground that the McGuire Act does not give McKesson the right to Fair Trade its own product to wholesalers who are competing with McKesson wholesale houses and that this type of Fair Trade agreement is horizontal price fixing—wholesaler and wholesaler contract—which is violating the McGuire Act. As you know, the High Court upheld the Department of Justice by reversing the lower court decision that McKesson-Robbins had engaged in horizontal price fixing. The equivocal issue involved here is this. Can acceptable language be found to permit use in resale price maintenance by a business engaged in what they call a dual distribution, manufacturer and wholesaler for example. If so, will Congress accept it in the face of the Supreme Court McKesson-Robbins decision?

Now my friends, I don't think we should be concerned with the differences of opinion that exist and some of the weakness that exist in the Quality Stabilization Bill. As I say, that is a problem for our people in Washington to do and I think they are doing a good job. What we have to do is put out our shoulders to the wheel and take off our coats and do everything possible to make our representatives in Congress know that we want this legislation. No one can tell me that our representatives in Congress will say that they are not concerned about this legislation. They are concerned. This was demonstrated very well in Annapolis when there was an attempted repeal of the Fair Trade. We are not going to succeed in getting legislation unless our people make up their minds. Are they going to do the job that should be done? Are we going to write? Are we going to do everything we can to convince our representatives in Congress that we want this legislation? If we do that, I am optimistic that we have a good chance of getting it. If we don't get it this year, we are in serious trouble.

Thank you.

Chairman Morgenroth thanked Mr. Solomon for his usual comprehensive and thorough presentation and asked for questions.

Samuel Morris asked if the Quality Stabilization Bill would nullify the Fair Trade Act of Maryland. The Chairman said it would not.

Morris R. Yaffe inquired if any new ideas had come out of the last hearings in Congress. Mr. Solomon replied that there were not any.

Chairman Morgenroth then called on Joseph Cohen, Associate Washington Representative of the N.A.R.D., who reported on plans in Washington to assist in passage of the Quality Stabilization Bill. He announced a rally of pharmaceutical association secretaries and presidents to be held in Washington on July 10th.

Mr. Solomon and Chairman Morgenroth commented that if the N.A.R.D. would keep the Association informed, a delegation from Maryland would go to Washington to see our Congressmen at the appropriate times.

Chester G. Kosakowski, pharmacist member of the House of Delegates, was recognized, as well as John Fader, senior pharmacy student.

Chairman Morgenroth announced the Panel Presentation on the subject of "Medical Care for the Aged—A.M.A. or President Kennedy's?" He introduced the first panelist, Mr. Philip H. DesMarais, Deputy Assistant Secretary, Department of Health, Education and Welfare.

HEALTH INSURANCE FOR THE AGED— WHAT IT IS AND WHAT IT ISN'T

by
Philip H. Des Marais
Deputy Assistant Secretary of Health, Education, and Welfare

I am glad to have this opportunity to state the administration's case for health insurance for the aged under social security.

Despite the millions of words, pro and con, that this proposal has generated, its purpose is really quite simple—a simple matter of paying the bills.

Paying the bills for services rendered is something that all self-respecting people try to do and want to be able to do.

This is what the program would do, and this is all it would do. It would help the older people of this country pay the bills for the medical care they need. And it would do this in much the same way that Blue Cross does for those who can qualify for Blue Cross and who can afford the payments.

In other words, the proposed program would help to pay for hospital and other expensive health services without in any way interfering with the practice of medicine.

I respectfully invite all of you to keep that one basic fact in mind during our discussions today.

You will note that I have stressed both what the program would do and what it would not do.

It has become important to emphasize both points, because the proposal has been consistently criticized for things it was never intended to do and would not do.

One of the more baffling criticisms is that the program would somehow intrude upon the privacy of the doctor and his patient.

Just how this would come about, I have not heard. Nevertheless the charge is made over and over again in one form or another.

Now the fact is that under the proposed program, an elderly insured person would consult the doctor of his choice—just as now. He would be the doctor's private patient—just as if there were no health insurance program.

The program would not involve relations between the doctor and his patient in any way, shape or form. It would not cover the doctor's services either in his office or in the patient's home. It would not pay his bills.

If the doctor concluded that his elderly patient required hospitalization, the doctor and his patient—not the Government—would choose the hospital, just as now.

There would be one difference under the proposed program. The difference would be this:

—If the doctor concluded that an elderly person of limited means needed hospitalization, he could arrange this, knowing that the bulk of the bill for up to 90 days would be paid by the health insurance trust fund.

—If the patient required nursing home care following hospitalization, the doctor could recommend such care, knowing that the entire bill for up to 180 days of care would be paid by the health insurance trust fund.

—Or, if the doctor considered that the best course for the patient would be visiting-nurse services, or other health services in the patient's own home, he could recommend this, knowing that the bills would be paid by the health insurance trust fund for up to 240 visits per year.

—In still another situation, if the doctor considered that the patient needed extensive diagnostic services, he could arrange to have this done on an outpatient basis, knowing that the bulk of the costs would be paid by the health insurance trust fund.

This, my friends, is the difference that the proposed program would make—the difference between insurance against the major costs of major medical care for those over 65 and no insurance.

It is a matter of genuine wonderment to me that organized medicine should be so bitterly opposed to the President's proposal. One can't help wondering how many practicing physicians disagree with this view—how many, that is, in addition to those who have forthrightly stated their support of the program.

Doctors the country over certainly know what a boon health insurance is to those who can qualify for private health insurance and who can manage the payments.

As all of us know, doctors refer patients to the hospital all the time, knowing that some or all of the bill will be paid by health insurance. It is inconceivable that these same doctors—if they really understood the President's proposal—would not want their elderly patients to have this same kind of protection.

Frankly, I think this is simply a case of misunderstanding.

Doctors are given to understand, for example, that a Government committee—rather than the doctor and the hospital—would determine whether or not an elderly patient would be admitted to a hospital and how long he could stay.

I don't blame doctors for being opposed to health insurance when they hear things like this. If I were a doctor, I wouldn't want the Government to be telling me whether or not a patient of mine could go to a hospital or how long he could stay.

Well, I can tell you categorically that the Government isn't going to do any such thing. I can tell you categorically that any reviews of admissions or lengths of stay that are provided for under this program will be made by physicians on the hospital's own staff—not by laymen, not by the Federal Government.

At the other extreme, doctors are told that under the proposed program elderly patients would become faceless numbers and be treated as numbers. They would not be treated as individual human beings with individual problems, according to this fiction, but as mere numbers under a system of mass production medicine.

The charge that the program would result in mass production medicine has no more validity than the charge that the Government would dictate which patients were admitted to hospitals and how long they could remain. In other words, both charges are groundless. Yet both charges are made over and over, sometimes in the same speech.

As for patients becoming mere numbers, of *course* elderly persons insured under the program would have identification cards with numbers on them. Who doesn't have half a dozen or more identification cards in his pocket with numbers on them? Those with Blue Cross or some other form of health insurance have such cards. Does that make Blue Cross "mass production medicine?" Does it reduce Blue Cross patients to faceless numbers? Of course it doesn't.

To take another example, doctors are told the President's program is not needed, since there is already adequate provision for medical care for aged under the Kerr-Mills public assistance program.

Even if this were true—which it patently is not—is this what doctors really want for the older people of this country? Do they really want older people of limited means—people who have always looked out for themselves—to be driven to the brink of poverty by the costs of serious illness and then have to subject themselves to the blow of a means test in order to get help? I don't think this is what the Nation's doctors really want—not if they realize that a better way is available.

Let me quote to you what someone else has said about the means test:

> "No matter how delicately handled, the 'means test' in public assistance cannot help being humiliating—that is, the process whereby you must submit to a complete examination of your financial resources and the resources of those who have some obligation to contribute to your support. We all have a deeply ingrained feeling that our finances are our own business. When our privacy in this area has been stripped away, we are bound to feel some mortification.
>
> "By contrast, social security is solidly based on the proposition that the benefits belong to you as a right. You do not have to beg or apologize . . . The first great individual value fostered by income insurance, then, is the American's self-respect, dignity, and pride. The second is his freedom."

These words, and many more in the same vein, are not those of a New Dealer of the past or a New Frontiersman of the present. They are the words of Dr. Arthur Larson, Under Secretary of Labor and Director of the U.S. Information Agency under President

Eisenhower. They are taken from an article by Dr. Larson entitled: "Social Security—The American Way."

Perhaps there is time for just one further myth that has been injected, with hypodermic-like precision, into the veins of the Nation's doctors—the myth that health insurance under social security would "undercut and destroy," I think the words were, "the wholesome growth of private, voluntary insurance and prepayment health plans for the aged."

Now here is what an authority on this subject has to say:

> "A lifetime's experience has led me at last to conclude that the costs of care of the aged cannot be met, unaided, by the mechanism of insurance or prepayment as they exist today. The aged simply cannot afford to buy from any of these the scope of care that is required, nor do the stern competitive realities permit any carrier, whether non-profit or commercial, to provide benefits which are adequate at a price which is feasible for any but a small proportion of the aged."

Again, the words are not those of a spokesman for the Kennedy Administration. They are the words of Basil McLean, retired president of the National Blue Cross Association.

This, in brief, is my case for health insurance for the aged under social security. Of course, it won't solve all problems. Of course, it isn't perfect.

But let me close with what Dr. Larson has to say on this point:

> ". . . A program of these dimensions cannot be undertaken without troublesome administrative complications, touching, for example, the problem of combining maximum professional freedom with some minimum of standard setting to avoid abuses. But these various administrative, financial, and practical difficulties are not impossible of solution. There could be no happier turn in this stormy story than a decision by the American people to accept the kind of philosophical rationale here advanced and then get on with the job of attacking these remaining technical problems with ingenuity, briskness, and good humor."

Thank you. I shall be glad to answer questions.

Chairman Morgenroth then introduced Mr. Bernard P. Harrison, Legislative Counsel, American Medical Association.

"PROVIDING MEDICAL CARE WITHOUT GOVERNMENT CONTROLS"

Bernard P. Harrison, Director, Legislative Department,
American Medical Association

"Grow old along with me—the best is yet to be." So wrote Robert Browning at the age of 52, in his time, comparatively an old man.

Between 1875 and 1900, the life expectancy among policy holders of the Mutual Life Insurance Company averaged 34 years. By 1950, it was 68 years and by 1960, the average life expectancy had risen to 70 years. For the whole population, in the United States in the last 70 years, the life expectancy has risen from 40 years to 70 years.

Today we have approximately 17 million persons who are 65 years of age or over, an increase of some fivefold since 1900. This increase continues with the largest increase to be noted in the group who are 75 years af age and over. It is astonishing when one realizes that in the whole world, today, those 65 years of age and over are one-fourth of all the people—since the beginning of time—who have lived to reach the age of 65.

And yet, our nation is really growing younger and not older. In some of our primitive societies, even today, most of the tribesmen die before they reached the age of 40 and a man may be classified as an elder of the tribe at the age of 40. We, here, can recall that in our childhood a man of 50 was truly much older than a man of 50 today. Joseph S. Davis, Professor Emeritus of Stanford University, calls this the "youthening of the aged." He says that research scientists today are willing to predict that we may soon be living to 90, 100, or even 125 years as the reasonable life span of the American man.

It has been said that studying the problems of the aged has assumed the proportions of a national pastime. Certainly, studying the problems of the aged, their housing, their economic and financial needs, their health care, and suggesting a multitude of solutions for each of these problems has occupied a considerable part of the time of our current 87th Congress.

This morning, I, too, would like to join the national pastime of studying the problems of the aged and ask you to join with me. The American Medical Association and the physicians of the United States are vitally concerned with the health problems of all the people of our Country, including those of us who are 65 years of age or older. In this vital concern, they are joined by many organizations and associations including the American Pharmaceutical Association, your own Maryland Pharmaceutical Association, and others whose work and professional training has focused their interest on the public's health. This interest is properly shared, too, by agencies of government and by leaders in our Executive and Legislative branches of our government and by public and private organizations, throughout our land, which strive to improve man's lot during his lifetime. Since then, we seemingly all have a similar interest, what controversy has brought upon this nation during the closing days of the 87th Congress, such furor with shouts of abuse, charges of deceit, and claims of fraud? The controversy is as explosive as gun powder, H.R. 4222, the King-Anderson bill. It has been triggered by a publicity and public relations campaign the likes of which has never before been seen or heard in the quiet years between Presidential elections.

The campaign to promote the King-Anderson bill really got underway in June of 1961—last year—when certain members of labor and the government took time from their attendance at the Conference on Aging at the University of Michigan at Ann Arbor, to plan the promotion of the King Bill with senior citizens to be used as the shock troops. It was then and there that the battle lines were drawn for a plan to have a National Senior Citizens Organization lead the way in the promotion of King-Anderson. Shortly thereafter, Blue Carstenson, an Assistant Secretary in the Department of Health, Education, and Welfare, resigned from his government position and became the Executive Director of the National Senior Citizens Organization. The necessary impetus for this group was furnished by labor.

During the following months, a three pronged effort began with the Senior Citizens Group attempting to portray itself as a spokesman for all our older citizens, and with labor using its massive funds and captive audiences to spout venom against organized medicine, and with the Administration using the headlines available to it for making Administration pronouncements. The Department of Health, Education, and Welfare developed an entourage of public speakers whose sole purpose was to travel the Country and lobby for the Administration's bill for health care to the aged under social security. Other departments and agencies whose normal course of work did not even remotely become concerned with the King-Anderson bill were called upon to strengthen the front line of the forward troops. And so, the Department of Commerce and the Department of Labor and the Department of Interior and of Post Offices and of many other divisions of the Executive Branch of our government were called upon to furnish their leaders as public speakers before rallies across the Country. Labor drummed up the audiences, the Administration provided the headlines and headline speakers, and the old folks were conned into letting their name head the call. This gigantic, massive effort of advertising and PR work culminated in a rally at Madison Square Garden on May 20th, with other rallies scheduled throughout some of the major cities in the Country.

The effort failed. I think it would be more correct to say that it backfired, for most of the rallies were poorly attended. Some were cancelled, and the rally at Madison Square Garden was replied to most adequately by Doctor Annis of the American Medical Association on a major TV network half-hour purchased program. For the first time the issues were firmly met. For the first time the public became aware of the reasonableness of the position of the opponents to the King-Anderson bill. For the first time the newspapers of our Country were given an opportunity to see the logical position of those who opposed King-Anderson. For the first time the public saw that there was a side to this question which said that it is **not** in the best interest of our senior citizens or of our younger citizens or of our Country that H.R. 4222 be enacted.

H.R. 4222, 87th Congress will not be adopted. Why will it not be adopted? Let us examine the issues presented during the great debate of 1962.

The proponents of the Administration medicine bill established certain premises. These premises contain an emotional appeal and sought to designate as the standard of all senior citizens, the plight of a relatively small percentage of the people over 65. By selecting the statistical data which best supported the allegations which were made, advocates of the King bill attempted to show that individuals reaching the age of 65 suddenly became destitute, bankrupt, impoverished, and sick. Having then, through the use of self serving instruments, created an atmosphere of need charged with emotion, the same advocates found fault with every effort, law and program, private and public in nature, designed to meet the needs of our older citizens. How valid are the numbers cited by the promoters of King-Anderson? Examine with me, if you will, some of the statistics which although developed by government agencies are not cited by these agencies when they promote King-Anderson.

Whereas the median income of all men rose only 35% from 1950 to 1959, the median income of all over 65 citizens increased 56% in the same period.

The net worth of OASDI recipients, couples, rose from $5,600 in 1951 to over $9,600 in 1957.

The percentage of people having liquid assets of over $2,000 is greatest in the population 65 and over. For example, 41% of our senior citizens have liquid assets of over $2,000 in comparison to only 13% in the 25 to 35 age bracket and 30% in the 45 to 55 age bracket.

Today, more than ¾ of our people over 65 own their own homes and almost 9 out of 10 own their homes free and clear of any mortgage incumbrance.

Four million of our senior citizens are still employed and some 13½ million are employed or receive social security cash benefits, or both.

Two and a half million of the people over 65 are receiving financial aid from some public assistance program. Incidentally, these are the people who are really in need. These are the people who are broke. These are the people who are financially destitute.

It is true that since the age 65 has become a reasonable retirement age, we find that many individuals over 65 have a sharply reduced income. Retirement and reduction of earned income are almost synonymous terms. One does not ordinarily retire from work and continue to maintain a high level of earnings. So, it is true that most of our senior citizens have reduced earned income, but every other factor of their whole financial picture is better than that of their younger counterpart. They have more liquid assets—they have more net worth—the greatest percentage own their own homes free and clear—and they need less because they no longer have the responsibility of providing for the necessities of life for their children, their children's education, nor many of the heavy family expenses of the younger head of household. On an overall picture, it is reasonable to say, as Congressman Curtis from Missouri has said more than once, that although the health costs of the senior citizens may be somewhat greater per individual than the health costs of the under 65 citizen, the senior citizen's total expense budget as related to his ability to meet that expense, is no worse than that of his younger counterpart.

On the question of health, the advocates of government medicine relate statistics which to the casual listener indicate that the aged are all sick. The truth of the matter is that no more than 14% of all people over 65 have a chronic illness which impairs their mobility to any extent; and less than 5% are chronically ill to the extent that their mobility is seriously impaired. In other words, medical science's great achievements, the discovery of new drugs, the efforts of all people in science and medicine, have extended the life span of our people. The acute illnesses are being cured and we carry with us the chronic illness so that when the Administration and labor says that there is a greater percentage of the people over 65 who are chronically ill, in comparison to the under 65, we must recognize that the term "chronic illness" includes those whose vision is slightly impaired, and those whose hearing is slightly impaired, and those who have an adequately controlled case of diabetes. The truth of the matter is that less than 5% of the senior citizens are chronically ill to the extent that their mobility, the real test, mobility, is seriously impaired.

I trust that what I have just said has not been interpreted by you as an attempt on my part to convince you that all our senior citizens are well off and that they are ready for the ski slides of the North in winter and the high diving boards of Miami in the summertime. What I *have* attempted to do is to seek to have you recognize with me that some of our older citizens are poor and some are sick, and that some are wealthy and some are healthy. What I *have* attempted to do is to portray to you a class of people, 17 million strong, who run the gamut from poor to wealth, from sick to health. A government plan which lumps all 17 million into one pot and provides a single solution for all their needs, real and imagined, is what I argue, today, against.

You know there have been many surveys taken to determine the health needs of our senior citizens. These are never referred to by the Administration or by the labor groups. All that they use are the general figures compiled and interpreted by the Department of Health, Education, and Welfare. You know as well as I do that statistics can be twisted, turned, and interpreted, and used by the individual to suit his own needs. You know as well as I do that some people use statistics as a drunk uses a lamp post, more to lean on than to illuminate.

Last October, 1961, the Diocese of Wilmington, Delaware, sponsored a study of Wilmington's senior citizens. The Catholic Welfare Guild, in an attempt to determine the facilities needed to serve the senior citizens of Wilmington, undertook to study their needs. The study was conducted by the Bureau of Social Research of the Department of Sociology, Catholic University of America. 5% of the city blocks of Wilmington were selected at random and every person 60 years of age or over was interviewed. The conclusions reached in the survey, I believe, surprised the people conducting the survey. The questions asked related to housing, recreation, and many of the other concerns of the aged, as well as questions relating to their health. Here is what they found out. They found that about 1/3 of the men were employed full time. About 60% owned their own homes or apartments. The vast majority of the senior citizens were independent in their living arrangements. Although only a few termed themselves well-to-do financially, about 4/5 indicated that they could take care of their expenses without any problems. The interviewers were asked to make their own judgment of the health of the interviewees. They rated 90% of the men and 88% of the women as being in average physical health or better. Almost the same percentage indicated that they could drive an auto or travel downtown without any difficulty and so indicated their mobility which is a criterion of health. More than half said that they had not been confined to bed by illness during the previous year, and 70% actually were ill six days or less during the preceding year. Only one-sixth of the senior citizens indicated a problem in financing their health care, and more than two-thirds said that they could finance their care through insurance or with the additions of savings.

The survey concluded that the Wilmington example seemed quite typical of the Country as a whole, that not all senior citizens are alike, and that an intelligently planned program must consider and take into account their diversity. An important conclusion reached, in addition to that which recognized the diversity of the senior citizen, is this statement in the survey: "The most striking feature of this present analysis is the relative economic independence of such a high proportion in both sex groups."

Now, ladies and gentlemen, this survey was not prompted by the American Medical Association. It was sent to my office by a doctor in Wilmington to whose attention the survey had come. It is not unlike a number of other surveys which had been taken independently and privately across the Country. Again, I don't cite this survey as an indication that there aren't any senior citizens who need help. I cite it only to refute the emotional appeal that is made over and over again by the proponents of King-Anderson legislation, an appeal which says that all our old people are sick and bankrupt and that to argue against a program of aid for the entire over 65 population is in effect to argue against the welfare of these people. This, of course, is unfair to the public because advocates of the pros and cons of any legislation have a duty to present to the public and to the Congressman who make the laws for the public, the facts and logic of their position. There are too many people who answer logic with accusations and irrelevant charges, which, although they may have some historical significance, do not relate at all to the proposition under discussion.

The American Pharmaceutical Association testified before the House Ways and Means Committee on August 1, 1961, on the King-Anderson bill. Grover C. Bowles, Chairman of the House of Delegates of American Pharmaceutical Association, had this to say in his remarks: "We cannot sufficiently emphasize that health care is a unique personal matter. It is a matter where attempts to reduce any phase of health care to mass rule or regulation should be thwarted. . . . Although we generally commend the declaration of purpose expressed in H.R. 4222, we do not believe the substance and procedures of the bill foster this purpose. The American Pharmaceutical Association is opposed to H.R. 4222 because it does not serve the interest of patient care."

Mr. Bowles took specific issue with certain sections of the bill and most particularly that section of the bill which states that payment under the King plan would be authorized only for such drugs furnished in the hospital and which are included in the "United States Pharmacopoeia", "National Formulary", or "New and Non-Official Remedies". Mr. Bowles noted that many drugs and biologicals, current, new, and effective, may not be included in these three publications. And he further noted that the restrictions and limitations placed upon the doctor's freedom to prescribe drugs in his own best judgment, would be to the detriment of the health and welfare of the patient. Mr. Bowles concluded that in view of the broad language of the King-Anderson bill, in view of the control and regulation of medicine and of medical facilities established under the King-Anderson bill, and in view of the general power granted to the Secretary of Health, Education, and Welfare to regulate the practice of medicine and medical facilities, H.R. 4222 would not be in the best interest of the patient.

The American Pharmaceutical Association was not a lone voice in testifying against King-Anderson. Young people and old people came forward to speak against H.R. 4222. Businessmen, professional men, medical and allied medical people, people from the various religious faiths came forward and voiced their opposition to a plan which violently departs from our concept of a free professional society. Doctors who had practiced under a system of socialized medicine in foreign countries related how the practice of medicine had deteriorated, and concluded that "when the government controls medicine, it is the patient who suffers the most".

The final curtain has just about been drawn on the great debate of 1962. The issues argued have included the costs of medical care, the economic dependence or independence of people over

65, the efforts of established federal, state and local programs for medical assistance for the needy aged, the growth of private plans—including the rapid growth of private health insurance for senior citizens, and the deterioration of the quality of medical care resulting from government control. Kerr-Mills, which became the law of the land in September of 1960, and which in less than two years has been implemented by 36 states and territories, 28 of which have implemented the special medical assistance to the aged provisions, has been a focal point of importance in the discussion.

Some months ago, I heard Secretary Ribicoff debate Senator Dirksen on another issue. The Secretary said that some $300 million had been made available to communities under a federal grant program of rehabilitation. When Senator Dirksen replied that less than 10% of the funds had been applied for, Secretary Ribicoff said that the program had only been in effect about a year and "to give it a chance to work out". At this time Kerr-Mills, too, had only been in effect about one year and almost half the states had then adopted the plan. Kerr-Mills requires action by each state legislature and some of the states had not yet convened to consider the bill and others had adjourned before they had an opportunity to implement Kerr-Mills.

Kerr-Mills is designed to take care of the medically indigent person—that person who may have enough to pay for his ordinary day to day expenses but is unable to meet the costs of an unusual medical bill. Kerr-Mills was designed to take care of the *near*-needy person, and it has worked well. It needs improvement and it is being improved upon. It is a new law, a law which provides a wide range of benefits for the needy individual. You know King-Anderson covers about 25% of the total medical expenses of the average senior citizen. If he is truly in need, payment for the other 75% must certainly be as difficult as payment for the entire 100%. And, if he is not in need, the individual can furnish that 25% of expense without calling upon tax dollars for help. There lies the difference—for Kerr-Mills is the beginning of a program which will help the *needy* individual cover all those medical costs which he requires. It will not help the individual who is well able to provide for his own medical care.

More than 9 million people over 65 are today covered by some form of health insurance. Contrast this with the 3 million of just a few years ago. Today there are some 100 companies offering several hundred plans for senior citizens 65 and over, many noncancellable. The plans vary, as I'm sure the needs of the individual citizen varies. Some folks may prefer the first dollar coverage type of plan and some may prefer the major medical type of plan. The choice is theirs—free to exercise. The choice of hospital and doctor is similarly theirs—free to exercise.

Those who propose that the federal government become a party to the health care of a large segment of our population or of our entire population, have been working at it for many years. Mr. Reuther of the UAW-CIO, has openly stated before Congress that he favors a complete national health service system for our Country. Each Congress finds a bill introduced attempting to forge that opening wedge, that foot-in-the-door for socialized medicine.

The curtain is being drawn on the great debate for 1962. Yes, the proponents for King-Anderson and a medical care system tied to social security have been defeated. The need for this type of program, if any need ever existed, diminishes each day because of the constant improvement of the financial status of our retirees and because of the great ever-increasing numbers purchasing private health insurance plans. Yet, though these things be true, the proponents come back time and time again seeking some start, some beginning, any program so long as it is under social security.

The curtain has drawn on this play, but a new production will start in 1963 and the theatre will be the 88th Congress. It will not be called King-Anderson and it will not be the exact same play, but one thing is probable. It will once again contain provisions *which can mean* an end to our leadership in science and medicine which has made America the center of World research in medical science and knowledge. Next year we will again be faced with an attempt by some to foreclose against initiative and perseverance and ambition. Next year a new bill will be introduced which will seek to substitute for our system of medical success, the failures of other countries. Those of us who are interested will be charged again with the responsibility of separating fact and fiction, logic and emotion, truth and distortion, so that what remains continues to be that which is treasured by our people.

Reserve your seat for next year's production. All of us will be a bit wiser having benefited from this year's discussion. Come, grow old along with me, the best is yet to be!

After thanking the panelists, the Chairman then inquired if Mr. DesMarais would like the opportunity to comment.

Mr. DesMarais. I think I talked for 24 minutes and I timed Mr. Harrison at 42 minutes. Now I can't catch up, but I do appreciate the opportunity to make a few comments on some of the points that were made. First of all, I must say that I enjoyed Mr. Harrison's interpretation of what we have been doing in the federal government. It is always interesting to hear what somebody else thinks about what you are doing, but I find some interesting contradictions. For instance, I heard him on the one hand criticizing the Administration and I quote, "because they are not telling the public what is involved in the King-Anderson proposal." Then he went on to be very critical of the Administration because when officials of our department, and other officials of the government who are concerned, were invited to attend various conventions and meetings to explain the King-Anderson Bill, they came under fire from the AMA for explaining what is in the Bill. For instance, if Mr. Harrison had his way, I would not be here today. The head of your organization wrote a very forceful letter to the Department inviting us to have a representative here. Mr. Harrison's boss, Dr. Larsen, wrote a letter to the Attorney General, Bobby Kennedy, who is a very good friend of mine and a man that I admire very much, specifically criticizing me by name and six other people for doing just what I am doing here today, saying I was wasting tax payers money. Now my participation in your meeting today is costing the American tax payers about $30.00. I leave it to you ladies and gentlemen as to whether or not that is wasted money. We are here at your invitation and that is the situation. I could never begin to tell you about the tremendous number of requests and invitations we get to explain this proposal and we don't have much time to do this. We have many other duties in our normal routine, but because it is controversial, because there is interest, because it is important, when we have had the time to go out and attend meetings like this, we have done so and I don't think it is a waste of tax payer's money and I don't think we have violated any laws and I don't think you think so either. The point was made about the attitude of organized labor and its leadership toward the King-Anderson Bill. I was really interested in that because Mr. Harrison implied that not one single member of organized labor deviated from the line in support of the King-Anderson Bill. The interesting fact to us, of course, and I am sure that he knows this, is that most people in organized labor are very impatient with the Administration because we haven't come out with a much stronger Bill. Nelson Cruikshank, the Director of Social Security for AFL-CIO, was in our office only yesterday giving us a hard time, as he has been doing for months, because we have not proposed stronger amendments providing for larger benefits to pay for doctor bills and for medicine and so on. Actually, the position of organized labor, although they are supporting the Bill, is that they favor a much stronger program which, in many cases, would lead to what some people would consider socialized medicine. So I think we have to understand that there are many people supporting the King-Anderson Bill that want a much stronger program. We of the Administration consider our proposal in the King-Anderson Bill to be a very conservative and modest one. Finally, there are many things that I could comment on but there is just one point that I would close on and that is the economic status of the people over 65. You can approach it in two ways—you can approach it statistically or descriptively. I am sure you have all heard of the old phrase "there are lies, damn lies and statistics." Well, I think this is sometimes true. I mean you can prove anything with statistics, but I think if you could symbolize the situation of the people for whom this program is designed to meet a need, you could do it this way. As Mr. Harrison pointed out, the medical needs for the old people who are destitute—the two and one-half million—are taken care of through public charities and under Kerr-Mills and so on. The wealthy are well taken care of. As you know, after you are 65, you can deduct all of your medical expenses before determining your income tax. Those in the upper brackets have anywhere from 50 to 90% of their medical expenses taken care of. It is the people inbetween, for instance, who are really in a position of need. The average Mr. or Mrs. Jones retired couple may have a net worth of around nine thousand dollars. What does that include? That includes a home for which they struggled to pay the mortgage all of their earning years and now they have it free and clear. The average income of Mr. & Mrs. Jones in the U.S. today is $2,200.00 a year. The average income of a single person over 65 is $1,025.00 of cash income. These people may have educated some of their children with a college education and there they are with a very limited cash income, which enables them to live in a modest fashion. But the catastrophe comes when they have the hospital bill that so often happens. When I first engaged in this discussion, I sent my parents a copy of one of the speeches I gave before a hospital group, which was printed, and my mother wrote back and said, "Well, this is really something real to us. Your Uncle Homer, who is retired on Social Security, had to go to the University Hospital last week. He was in for three days and his bill was $270.00. He got up and went home. He could not afford to stay there any longer." This is a program designed not to take care of the poor or the very wealthy, but to provide an additional benefit—an earned benefit under Social Security—which can be used to pay for catastrophic size hospital bills and no more and no less. I will continue on this note. There is nobody more concerned about preserving the integrity and the scientific advancement of American medicine than I am. I have many relatives and friends who are physicians. I have always been involved in private enterprises before I joined the Federal Government in Washington. I am a great believer in private enterprise, in medicine and in many other things. But I say to you ladies and gentlemen here today, and I say to Mr. Harrison, the American people are going to find a way to pay for their hospital bills and their doctor bills. Unless we can work out a system to handle this problem, the American people have a way of doing things, of getting things done. They want this wonderful medical service that we have in our country. They want to be able to afford it and they want to be able to pay for it and they want to be able to get it when they need it, as a matter of earned right. I say that unless the Federal Government and the American Medical Association can come to some common agreement on this matter, we are going to end up with socialized medicine in the United States.

Attendance prizes were drawn and the Chairman then announced the question and answer period.

QUESTION: By 1970, would not the cost of this Bill, as well as the Administrative costs, be so exorbitant that it would possibly come to billions of dollars of tax payers' money?

ANSWER: MR. DESMARAIS. We propose that the benefits I described to you earlier, that is up to 90 days hospital care and

180 days of nursing home care and 240 days of nursing home service, would be paid for by an increase of $^1_4$ of 1% in the Social Security tax, both for the employer and the employee, and an increase in the tax base from $4,800.00 to $5,200.00. Now, what would that mean in actual dollars per tax payer covered by Social Security? The average cost to the individual covered by Social Security would be approximately one dollar a month for the people now covered. For the people in the higher brackets, it would be a little higher and for those earning less, it would be a little lower. So it would cost the average person covered as of next year approximately $12.00 a year towards his medical benefit. This would bring into the hospital care trust fund in the first year approximately 1 billion 500 million dollars. We estimate (you can't know for sure) that the costs for providing the benefits for the first year would be approximately 1 billion 200 million dollars, with a surplus of approximately 300 million for the first year of operation. So those are the facts of the costs. At the present time, the old age and survivors insurance trust fund has 20 billion dollars in it and the disability trust fund has approximately 2 billion dollars in it and we propose a third trust fund into which would be deposited the additional tax to pay for the hospital care benefit.

QUESTION: Can the Social Security Bill be administered by Blue Cross?

ANSWER: MR. DESMARAIS. At the beginning of the hearing of the Ways and Means Committee, Mr. Ribicoff said that the Administration would be willing to consider an amendment to the King-Anderson Bill which would provide a Blue Cross or a similar type voluntary organization to participate in administering the hospital benefits as long as the method of paying for these benefits was through the mechanism of Social Security. So I suppose the answer would be yes.

To the question about the possible Bill by Mr. Mills, I want to point out that the present cost of administering the present Social Security benefits is about 2%. The average cost of administering health benefits or medical care benefits on your voluntary system, like your nonprofit systems such as Blue Cross, ranges from 6 to 9% premiums paid. The average cost of administering profit making insurance company medical care programs, I think, is anywhere from 12 to 28%. We see an economic disadvantage there involving private nonprofit voluntary organizations administering the hospital benefit system. However, if that is what the Congress would prefer and public opinion would be favoring, we would certainly be willing to go along with the idea, but it would cost a little more.

QUESTION: Opponents of the King-Anderson Bill tell us that 2,500,000 persons would be excluded from Medical Care because they are not eligible for Social Security. Are any provisions made for those persons elsewhere?

ANSWER: MR. DESMARIS. In 1970 90% of all the people 65 or over will be covered by Social Security.

QUESTION: What about the 2½ million who will not be covered if the Bill went into effect next year?

ANSWER: MR. DESMARAIS. A large number of them already included under public assistance would be eligible for aid where it is available under Kerr-Mills and for that reason we think there is a role for Kerr-Mills to play. Some would be eligible under the Veterans Administration. There will be some who would not be covered. It is difficult to know exactly how many. But it is certainly a very small percentage of that 2½ million—no more than 15 or 20%.

QUESTION: Does the AMA today approve of Social Security?

ANSWER: MR. HARRISON. Yes.

QUESTION: What positive program does the AMA advocate?

ANSWER: MR. HARRISON. The A.M.A. advocates the liberalization of Kerr-Mills benefits and getting the Act working in all states. Second, the Blue Shield is working on a national plan for senior citizens 65 or over. Third, we favor the proposals in Congress for tax credits for individuals and firms who set up pension programs. We are for voluntary—not compulsory plans.

MR. DESMARAIS. The Kerr-Mills Act is also compulsory. Tax funds are used and we all must pay taxes.

Chairman Morgenroth indicated that there were many more questions, but that it was past the time for adjournment. He thanked the panelists for a most informative and stimulating program.

The Third Session was adjourned at 1:30 P.M. after the drawing of prizes and announcement of entertainment.

FOURTH SESSION

Thursday, June 28

The Fourth and Final Session of the Convention was called to order at 10:00 A.M. in the Assembly Hall by President Levin.

The Early Bird attendance prize was won by Mrs. Ada Anderson, daughter of the late Mr. A. N. Hewing, who was president of the Association in 1939. President Levin recognized her mother, Mrs. A. N. Hewing, and remarked that both ladies had attended all of the sessions of this Convention. Mrs. Anderson is a pharmacist at the Peninsula General Hospital in Salisbury.

President Levin announced the Memorial Services for those pharmacists who had passed away since the last Convention.

MEMORIAL SERVICES

Vice President Cooley began the services with the reading of the 23rd psalm. Francis S. Balassone followed with the Necrology:

JOSEPH M. BRANSKY
HOWARD E. COOPER
JOHN B. CORBETT
HENRY A. DeSANTIS
RICHARD I. ESSLINGER
WALTER F. FLAYHART
WILLIAM H. FRENCH
KATHERINE J. PARKER GAKENHEIMER
CARLETON WILLIAM HANKS, SR.
CLARA D. HERSKOWETZ
M. ELLSWORTH KAUFMAN
GEORGE LEMKE
NATHAN I. LISS
ELMER C. LYONS
FRANK L. McCARTNEY
VICTOR G. MERCER
WILLIAM MORGANSTERN
WILLIAM EARL MORITZ
WILBUR J. PESSAGNO
WILLIAM H. RICHARDSON
HENRY J. ROSENBLOOM
EDWIN A. SCHMIDT
LOUIS F. SHERMAN
D. EARL WOLF
MORRIS H. YARMACK

Morris R. Yaffe then offered the following memorial prayer.

Almight Father, Author of life and death, we are met here at this moment to direct our hearts to Thee and to express our love for those who have been laid to eternal rest. Memories crowd upon us as we recall those who have gone before, who even in death are a benediction unto us. The lesson of our measured years is forcibly brought home to us, and the determination is strengthened within us to hasten the fulfillment of our resolution to live nobly in the spirit of our beloved dead, and to fulfill the obligations which we have accepted from their hands. At this moment, we seek renewal of strength for the struggles of life and increased courage to meet our tasks.

We realize our frailty even as we know that from Thee cometh strength. These silent sentinels call us back to Thee and to the recognition of our duty. They rouse us to do good while our brief day lasts, to bring relief to the distressed, sunshine where darkness now prevails, hope to those in despair and support for every worthy undertaking for human welfare.

With sorrowing hearts, we call to mind at this solemn hour our beloved ones whom death has removed from our midst. We thank Thee for the years which Thou didst grant unto them, years in which they brought help, joy and comfort to many a heart. Thou in Thy love gavest them unto us and Thou in Thy wisdom hast taken them from us.

We think of the time when they still moved among us, shared in our labors and bestowed their love and friendship upon us. Though slumbering in their eternal rest, they live in our hearts as lasting sources of inspiration leading us to good deeds and noble thoughts. In gratitude for all the blessings they brought to us, and to humanity, we dedicate ourselves anew to the sacred tasks they bequeathed unto us. Extend Thy healing balm unto the bereaved and grant eternal rest and peace to the souls which we remember now with tenderness and compassion. Amen.

REPORT OF THE NOMINATING COMMITTEE

Harold M. Goldfeder, Chairman

The Nominating Committee held three meetings during the year. Letters were sent to the Allegany-Garrett County Pharmaceutical Association, Baltimore Metropolitan Pharmaceutical Association and Prince Georges-Montgomery County Pharmaceutical Association inviting them to submit names to be considered. After careful consideration, the following slate is submitted for your approval:

Officers

Honorary President—Lloyd M. Richardson, Bel Air
President—Victor H. Morgenroth, Jr., Baltimore
First Vice President—William A. Cooley, Cumberland
Second Vice President—Solomon Weiner, Baltimore
Third Vice President—Alexander J. Ogrinz, Jr., Baltimore
Fourth Vice President—Morris R. Yaffe, Rockville
Secretary Emeritus—Melville Strasburger
Treasurer—John F. Wannenwetsch, Baltimore

Executive Committee

Norman J. Levin, Chairman

1st District—Caroline, Cecil, Dorchester, Kent, Queen Annes, Somerset, Talbot, Wicomico and Worcester.
George M. Schmidt—Elkton
Howard L. Gordy—Salisbury

2nd District—Anne Arundel, Baltimore, Harford and Howard.
Jerome Mask—Dundalk
Morris Lindenbaum—Reisterstown
Wilfred H. Gluckstern—Towson

3rd District—Calvert, Charles, Montgomery, Prince Georges and St. Marys
- Herman Taetle—Silver Spring
- William L. Brunnett—Riverdale
- Morton J. Schnaper—Bethesda
- Harold M. Goldfeder—Riverdale

4th District—Carroll, Frederick and Washington.
- Henry J. Glaeser, Jr.—Manchester
- William C. Chatkin—Hagerstown

5th District—Allegany and Garrett
- Samuel Wertheimer—Cumberland
- Robert J. Martin—LaVale

6th District—Baltimore City.
- Milton A. Freidman
- H. Nelson Warfield
- Simon Solomon
- Stephen J. Provenza
- Aaron M. Libowitz

Ex-Officio Members

Walter E. Albrecht
Francis S. Balassone
Jerome J. Cermak
Noel E. Foss
Gordon A. Mouat

President Levin called for nominations from the floor. There were none and, upon motion by Hyman Davidov, duly seconded, nominations were closed. Secretary Gruz was instructed to cast a unanimous ballot for the slate of officers and executive committee as presented by the Nominating Committee. The Secretary so cast a ballot.

For appointment to the Maryland State Board of Pharmacy, the Committee recommended the following list to be submitted to the Governor for appointment of one to be made by the Governor, effective June 1, 1963: Listed in order of choice by the Executive Committee,

NORMAN J. LEVIN
FRANK BLOCK
SOLOMON WEINER

President Levin called for nominations from the floor. There were none. Upon motion by Hyman Davidov, duly seconded, nominations were closed. Secretary Gruz cast a unanimous ballot for nominations to the State Board of Pharmacy.

Chairman Goldfeder thanked the members of the Nominating Committee for their regular attendance at meetings and for their sincere cooperation: Gordon A. Mouat, Frank Block, George M. Schmidt, Frank J. Macek, Hyman Davidov and Albin A. Hayman.

President Levin then stated: "There has been a gentleman attending all of our meetings from the beginning to the end, even though he is not a pharmacist and perhaps doesn't have a great deal of interest in many of the topics, and I would like to thank him publicly now: Mr. Herman Bloom, of Paramount Photo Service, for taking all of the pictures at the convention and at the meetings."

REPORT OF THE RESOLUTIONS COMMITTEE

Dr. Noel E. Foss, Chairman

The Resolutions Committee met twice and offers the following resolutions.

The resolutions will be read and those without objection will be voted upon at the conclusion. The remainder will be considered individually.

The following resolutions were adopted upon motion of Dr. Foss, seconded by Harold M. Goldfeder:

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it hereby records its profound approval of the aims and purposes of the "Quality Stabilization and Fair Competitive Practices Act," now pending before Congress (S.J.R. 159 and H.J.R. 636), and that it urges the Maryland delegation in Congress to give full and effective support to the bill to the end that it may become law and thus extend and make effective the full benefits of competitive practices and objectives, and

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded to each member of the Maryland delegation in Congress as evidence of the deep interest of the members of the Maryland Pharmaceutical Association in the basic purposes of the bill.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it strongly urges the passage of H. B. 4999, Health Professions Educational Assistance Bill, which will assure Federal funds for colleges of pharmacy and pharmacy students, together with other health profession schools and students, to the end that the public health may be more effectively served by these professional schools and encourage more qualified students to enter the public health professions, and

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded to the Maryland delegation in Congress urging their aid and assistance in having the bill enacted into law.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it commend the Federal Trade Commission for its activities against false and misleading advertising, including drugs and related products, and

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded to the Chairman of the Federal Trade Commission.

WHEREAS, state pharmaceutical associations have rendered a public health service efficiently and satisfactorily to both the

Veterans Administration and the veterans of this country, whereby prescriptions under the hometown pharmacy program are processed professionally by the state pharmaceutical associations, therefore,

BE IT RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that the Attorney-General and the Veterans Administration be urged to promulgate the regulations necessary to permit the continued participation of state pharmaceutical associations and not institute the plan for Veterans Administration outpatient clinics to deal directly with individual pharmacies, and

BE IT FURTHER RESOLVED, that a copy of this resolution be sent to the Attorney General of the United States and to the Administrator of the Veterans Administration.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it urges the establishment of a Public Relations Program to include the issuing, to city and rural newspapers, of periodical bulletins dealing with health matters in which pharmacy has a real interest, so that pharmacists may be identified in the public mind with public health programs and improvement throughout the state.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it urges the Legislative Committee to make a comprehensive study of a definition for a "pharmacy" and the areas of operation "of a pharmacy", and

BE IT FURTHER RESOLVED, that their definition be considered for incorporation into any new or revised pharmacy laws for the State of Maryland.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that the Officers and Executive Committee be urged to make special efforts to build up the membership of the Association so that it will be truly representative of pharmacy as a whole and of every pharmacist in the state and, from this collective impact, the basic welfare of the profession may be served and the fundamental needs of every pharmacist may be known and protected.

WHEREAS, pharmacy's standing with the public has fundamental importance, therefore

BE IT RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it urges every pharmacist in the state to be constantly mindful of the attractiveness of his pharmacy with special attention given to every feature of the store, such as counter and window displays, lighting, cleanliness, store arrangements, and every other detail having an impact upon consumer interest and appeal.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it cooperate and offer its support to the University of Maryland School of Pharmacy in its effort to attract more worthy young men and women in the profession of pharmacy and that the individual members of the Association point out the advantages of pharmacy as a career to able young people in their communities.

WHEREAS, Mr. Nathan Gruz has readily accepted the responsibilities of his new position as Executive Secretary of the Maryland Pharmaceutical Association and has likewise performed the duties of this office in an efficient and commendable manner, therefore

BE IT RESOLVED, that the Maryland Pharmaceutical Association, in annual convention assembled, express its confidence in his accomplishments and success for the future.

RESOLVED, by the Maryland Pharmaceutical Association ,in annual convention assembled, that it deeply feels the absence of Dr. and Mrs. H. A. B. Dunning from this convention, being mindful of their attendance at many conventions of the Maryland Pharmaceutical Association, not only for HIS services, advice and counsel, but also for THEIR gracious presence and warm friendliness.

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded to Dr. and Mrs. H. A. B. Dunning.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it deeply feels the absence of Dr. and Mrs. Robert L. Swain from this convention, particularly since they have regularly attended and actively participated in many conventions of the Maryland Pharmaceutical Association, ever mindful of HIS services, advice and counsel, as well as THEIR gracious presence and warm friendliness.

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded to Dr. and Mrs. Robert L. Swain.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it hereby records its pride in Dr. Lloyd N. Richardson who served on the Maryland Board of Health and Mental Hygiene for twenty years and whose services have been highly beneficial to the work of the Department, and thus to the people of the State as a whole, and

BE IT FURTHER RESOLVED, that a copy of this resolution be be presented to him as continued evidence of our confidence and esteem.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it extends its congratulations and deep appreciation to Mr. S. Earl Webster, who retired this year after serving nineteen years on the Maryland Board of Pharmacy and who has always maintained an interest in professional pharmacy at its highest level.

BE IT RESOLVED, that a copy of this resolution be sent to sent to Mr. Webster and to the Maryland Board of Pharmacy.

WHEREAS, Miss Denyse B. Levin, a 1962 graduate of Forest Park High School in Baltimore, was awarded a $6000 scholarship by Columbia Broadcasting System - General Electric's College Bowl, as a result of having been selected among the final winners in the TV show's essay contest, "Why I Want to Go to College," and

WHEREAS, Miss Levin plans to enroll in the University of Maryland School of Pharmacy in September, 1962, therefore,

BE IT RESOLVED, that the Maryland Pharmaceutical Association, in annual convention assembled, extend its congratulations and best wishes for the continued success of Miss Levin, and that a copy of this resolution be forwarded to her, to the Columbia Broadcasting System and General Electric College Bowl.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it hereby records its grief and sense of loss in the death of L. Manuel Hendler who, over a long period of years, was deeply devoted to the aims and purposes of the association and was a fine friend not only to pharmacy, but to every movement dedicated to the public welfare, and

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded to the L. Manuel Hendler family.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it extend its sincere appreciation and thanks to Radio Stations WBAL, WCAO, WITH and WWIN, and TV Stations WBAL and WMAR in Baltimore, and any other radio or television station in the state for their genuine cooperation and assistance in giving favorable publicity to the pharmacists in Maryland, and

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded to the managers of the respective stations as a symbol of appreciation by the Maryland Pharmaceutical Association.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it express its appreciation to the Baltimore Sun, the Baltimore Evening Sun, the Baltimore News-Post, and any other newspaper in the state for the publicity given the Association during the convention and also for acquainting the public during the year with Pharmacy's many contributions and services to the public, and

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded to the editors of these newspapers.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it express its sincere appreciation and thanks to Victor H. Morgenroth, Jr., Chairman, and other members of the Convention Committee, for the wonderful job they have done in planning and contributing to the success of the convention, and in gladly catering to the comfort of the persons attending this convention, and

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded to Mr. Morgenroth, the chairman of the Convention Committee.

WHEREAS, the T.A.M.P.A. and L.A.M.P.A. have been tireless in their efforts to do an outstanding job, and

WHEREAS, the president and secretary both of T.A.M.P.A. and L.A.M.P.A., with the assistance of their respective officers and members, did everything possible for the comfort and convenience of our members and guests,

THEREFORE, BE IT RESOLVED, that the Maryland Pharmaceutical Association express its profound gratitude to these organizations and their respective officers for their splendid cooperation which contributed so much to the success of the convention.

RESOLVED, that it express its thanks and deep appreciation to the several members of the program, all of whom are nationally recognized experts in their respective fields, who presented such excellent addresses and messages, and

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded to the respective members of the program: Messrs. Irving Rubin, Stanley J. Buch, Lee E. Eiler, J. Curtis Nottingham, Philip H. DesMarais and Bernard P. Harrison.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it express its deepest appreciation and thanks to the various contributors who have generously helped to assure the success of this convention, and

BE IT FURTHER RESOLVED, that an appropriate acknowledgment be forwarded to each of these companies and/or individuals.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it express its sincere appreciation to the management of Galen Hall for the many courtesies extended to our members and guests, and also for the excellent manner in which the management handled the many details which contributed to making the convention a success, and

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded to the manager of Galen Hall.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that the members make themselves fully familiar with policy statements and association objectives as set forth in resolutions, committee reports, and other association actions so that individually and collectively the members may endeavor to identify their pharmacies as reflective of the aims and objectives of the association and thus actively contribute to the progress of pharmacy as a whole, and

BE IT FURTHER RESOLVED, in support of the above, that a copy of all resolutions approved at this convention be mailed to all members of the association within two weeks after the close of this convention, or as soon as practicable.

RESOLVED, that the Association congratulate Mr. Stephen Provenza upon his fine collection of historical pharmaceutical items, which collection was so well described in the photographic section of the Sunday Sun of January 21, 1962, and,

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded to Mr. Provenza.

RESOLVED, by the Maryland Pharmaceutical Association that it noted with pride the excellent service of Dean Noel E. Foss as second vice president of American Pharmaceutical Association in 1961-62, and,

BE IT FURTHER RESOLVED, that hearty congratulations are hereby extended to Dean Noel E. Foss upon his selection for the Honored Alumnus Award of the University of Maryland, School of Pharmacy 1962.

After considerable discussion, the following resolutions were also adopted:

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it express its continued disapproval of mail order prescription schemes, as this method of handling vital prescription matters would seem sharply at variance with the detailed personal professional care so essential to the safe distribution of prescription drugs, and,

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded to the Medical and Chirurgical Faculty of Maryland and other appropriate groups.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it hereby records its full approval and endorsement of the aims and objectives of the National Association of Retail Druggists, and that it urges every pharmacist in the state to become an active member of this outstanding national pharmacy organization.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it hereby records its endorsement of the many contributions made by the American Pharmaceutical Association and it urges every pharmacist in the state to become an active member of this outstanding national pharmacy organization.

A resolution from the floor by Mr. Morgenroth to place the Association on record in opposition to medical care programs under Social Security was defeated.

On motion of Dr. Foss, seconded by Mr. Balassone, the resolutions as a whole were then adopted.

Dr. Foss thanked the members of the Resolutions Committee for their work on the resolutions.

Mr. Goldfeder moved for a vote of thanks to Chairman Foss and his committee for their many hours and efforts in the preparation of these resolutions.

The premier film showing of "Congressional Hearings—The Drug Debate" was then held. This movie of the Kefauver investigation was presented by courtesy of the Pharmaceutical Manufacturers Association.

After prize drawings and a recess for refreshments, the session resumed. President Levin recognized Mr. Chester G. Kosakowski, a pharmacist and member of the House of Delegates. An announcement was made of the election of Executive Committee Chairman Harold M. Goldfeder to the office of National Directorum of Alpha Zeta Omega Fraternity.

OLD BUSINESS

1. Report on Medical Care.
   Gordon Mouat reported on medical care program costs.
2. Report of Legal Counsel.

REPORT OF LEGAL COUNSEL

Joseph S. Kaufman

Secretary Gruz read the report as Mr. Kaufman was unable to remain at the Convention.

Mr. President and Members of the Maryland Pharmaceutical Association:

I extremely regret that I was unable to attend your business session and make the annual report of the Association's counsel in person, but your annual convention conflicted with my annual active duty training with the Army Reserves and I was required to return to Fort Miles, Delaware. Under these circumstances, I have requested your Executive Secretary to read this short digest of the highlights of the year from a legal standpoint.

The function of counsel is, of course, to represent the Association in all matters requiring legal advice and, in addition, to keep the officers and members intelligently current on contemporary legal problems. With this in mind, I wish to report as follows:

1. JUDICIAL PROCEEDINGS: The Association during the past year was not engaged in any litigation. No litigation is now pending and counsel knows of no claims or other matters which might require litigation at this time.

Your officers have been carefully briefed about the current investigations and actions by the Anti-Trust Division of the Justice Department of trade and professional associations. As a result of the actions taken by the Government in California, Utah, Arizona and elsewhere against State Associations, such as yours, a complete review of the policy of this association was made to make the officers keenly aware of the extent of activity an association, such as yours, may with impunity engage.

In the field of fair trade, three significant decisions have been rendered since my last report. In January of this year, the Honorable R. Dorsey Watkins in the U.S. District Court handed down a stinging opinion against fair trade and stating that, in his opinion, if presented to him in the first instance, fair trade was clearly unconstitutional. Bowing to high court authority, Judge Watkins reluctantly held fair trade constitutional, but refused to issue any injunctions until higher courts had an opportunity to review his decision. The Federal Court of Appeals of the Fourth Circuit refused to review the cases and instructed Judge Watkins to issue injunctions if the facts warranted such action.

Subsequently in May of this year, the Maryland Court of Appeals squarely decided in the case of GEM vs. Plough, Inc. that the Fair Trade Acts were constitutional and disregarded the opinion of Judge Watkins. This, of course, was most heartening.

In Cumberland, a new discount drug and beauty aid operation was started just before Christmas. After being threatened with legal proceedings, it raised its prices but thereafter instituted a plan whereby customers could give cash register tapes (containing sales on fair traded items) to certain charitable organizations and the discounter would give a 25% cash contribution to the organization involved. Suit was instituted to enjoin this unfair competitive practice. The lower court held that the activity involved did not violate the fair trade act. An appeal was taken to the Maryland Court of Appeals. Arguments were held during the earlier part of this month and a decision is expected in the near future.

2. LEGISLATIVE PROCEEDINGS: Since the even year sessions of the Maryland General Assembly are primarily budgetary and emergency measures, your Association did not have an affirmative legislative program for the 1962 session. Your secretary and counsel did, however, carefully review all bills introduced. Opposition was made to certain bills which could have adversely affected members of the Association. None of these were passed.

A Bill prohibiting the possession of amphetamines without having acquired them with a prescription was supported by the Association and passed.

The Association lended its support to the N.A.R.D. and its fight to have a Quality Stabilization Bill enacted by Congress.

The Maryland General Assembly passed a resolution requesting the Governor to appoint a commission to study and suggest revision of the narcotic, dangerous drug and other laws affecting the distribution of these preparations. Dean Foss has been appointed Chairman of this group and its work deserves the wholehearted support and cooperation of this Organization.

I appreciate the opportunity of working with your officers, particularly with your energetic new Executive Secretary, and hope that our office has served you to your complete satisfaction.

Upon motion of Francis S. Balassone, seconded by Frank Block, the report was approved.

3. Mr. Mask stated he wished to withdraw a constitutional amendment he had introduced calling for a mail ballot for election of officers because of suggestions he had received which he wished to consider further. This was agreed to by his second.

4. Amendment of Article IV of the Constitution.

Frank Block, who had been appointed Chairman of a Special Committee to study a Constitutional Amendment of Article IV, reported:

A Special Committee to study a Constitutional Amendments submitted by Victor H. Morgenroth, Jr. met on June 25, 1962 at Galen Hall. The Committee consisted of Frank Block, Chairman, Jerome J. Cermak, Stephen J. Provenza, Morris R. Yaffe, Samuel Wertheimer, Victor H. Morgenroth, Jr. and Secretary Gruz.

The Committee considered the Amendment submitted by Mr. Morgenroth at the Spring Regional Meeting which was: To amend Article IV of the Constitution as follows:

1. District 2 to be called "Metropolitan" and to consist of: Anne Arundel, Baltimore, Harford and Howard Counties and the City of Baltimore.
2. Delete District #6: Baltimore City.
3. Representation shall not exceed 10 members to the Executive Committee from any one district or Baltimore City.

It was unanimously agreed that the present arrangement of representation on the Executive Committee was satisfactory in general:

Mr. Morgenroth agreed to withdraw his amendment.

It was agreed to recommend that the Constitution be amended as follows: Add to first paragraph of Article IV:

> "In addition, the Nominating Committee may submit nominations to the Executive Committee for **executive committeeman-at-large.** All nominations for executive committeeman-at-large must first be approved by the Executive Committee."

The amendment was referred to the Executive Committee for consideration and for action at the next regional meeting.

5. An amendment to Article XII of the By-Laws was recommended by the Executive Committee to provide for a standing committee number 20, "Constitution and By-Laws Committee."

NEW BUSINESS

1. Gordon Mouat reported that the Finance Committee was asked to investigate the dues structure and type of membership. The Committee also met with the Membership Committee of the Maryland Pharmaceutical Association and the membership and Finance Committees of the Baltimore Metropolitan Pharmaceutical Association. He then read the following proposed amendment:

To amend Article III of the Constitution as follows:

Section 1. Add "student members."

Section 3. Replace first clause with "any post graduate student."

Section 7. STUDENT MEMBERSHIP: Under-graduate students who are members of the first, second or third year professional classes respectively of the School of Pharmacy of the University of Maryland, upon subscribing to the constitution and by-laws of this Association and the payment of dues for the current year, shall be entitled to all the rights, privileges and benefits of the Association except the right to vote or hold office in the Association.

To amend Article IX of the By-Laws to read as follows:

FINANCIAL ADMINISTRATION:

Section 1. General

A. Same as first paragraph of present By-Laws.

B. Same as second paragraph of present By-Laws.

C. Same as seventh paragraph of present By-Laws.

D. Same as eighth paragraph of present By-Laws.

E. "Two dollars of each active member's (as defined in Section 2A(1)) dues collected shall be earmarked for "Kelly Memorial Building Fund, Only" and $10.00 shall be set aside for public relations, $5.00 of which will revert to the local organizations.

Section 2. Dues Structure.

A. ACTIVE

(1) All active members who are proprietors, managers, executives or pharmacists-in-charge, in order to maintain their status in good standing, are required to pay dues in the amount of THIRTY-FIVE DOLLARS ($35.00) a year, payable January 1st each year in advance.

(2) All pharmacists not included in A. (1) above, in order to maintain their status in good standing, are required to pay dues in the amount of TWELVE DOLLARS AND FIFTY CENTS ($12.50) a year, payable January 1st each year in advance.

B. ASSOCIATE.
All associate members in order to maintain their status in good standing are required to pay dues in the amount of TEN DOLLARS ($10.00) a year, payable January 1st each year in advance.

C. AFFILIATE.
All affiliate members in order to maintain their status in good standing are required to pay dues in the amount of TWENTY-FIVE DOLLARS ($25.00) a year, payable January 1st each year in advance.

D. STUDENT.
All student members in order to maintain their status in good standing are required to pay dues in the amount of TWO DOLLARS ($2.00) a year, payable January 1st each year in advance.

Any member, whose dues shall be in arrears for one year, shall, after due notification from the Treasurer, lose his rights as a member.

Mr. Mouat commented that the matter of student membership and matter of earmarking an amount for public relations was not completely resolved.

The amendments were referred to the Executive Committee for study and to be reported to the next regional meeting.

George Schmidt, Chairman of the Special Medical Care Committee, reviewed some of the medical care problems and requested the members to send their views to him or to the Secretary.

On motion of Harold M. Goldfeder, a rousing vote of thanks was given to President Norman J. Levin for a job well done.

Upon conclusion of announcements, the Fourth and Final Session of the 80th Convention was adjourned at 1:00 P.M. by President Levin.

BANQUET

Thursday, June 28

The final evening of the Convention featured the Annual Banquet, which was preceded by the Social Hour provided through the courtesy of the following drug wholesalers: Calvert Drug Company, The Henry B. Gilpin Company, Loewy Drug Company and Muth Brothers & Company.

President Levin introduced Rabbi Lester W. Roubey, Temple Oheb Sholom, Reading, Pennsylvania, and Mrs. Roubey. Following the invocation, an outstanding Galen Hall dinner was served.

President Levin greeted those in attendance and expressed his appreciation to Convention Chairman Morgenroth, the Convention Committee, T.A.M.P.A., L.A.M.P.A., the suppliers and all others who assured the success of the Convention. He then presented Chairman Morgenroth to serve as toastmaster of the Banquet.

Toastmaster Morgenroth introduced those at the Head Tables, which included one table of past presidents of the Association. He then called upon Milton A. Friedman, Chairman of the Pharmacy Week Committee, to make the following 1961 Maryland Pharmacy Week Window Display Contest Awards of inscribed plaques:

FIRST PRIZE—H. Nelson Warfield, Read Drug & Chemical Company, Northwood Shopping Center, Baltimore.

SECOND PRIZE—Morris L. Cooper, Cooper Drug Store, Baltimore.

THIRD PRIZE—Isaac E. Kerpelman, Salisbury Drugs, Salisbury.

President Levin discharged the 1961-62 officers and Executive Committee with his acknowledgment of their contribution to the effectiveness of the Association.

President-elect Victor H. Morgenroth, Jr. was installed as President of the Association by Mr. Levin. The other officers and Executive Committee for 1962-63 were then installed.

President Morgenroth presented a Past President's Plaque to Mr. Levin as his first official act.

President Edwin M. Kabernagel, Jr. introduced the newly elected Officers and Board members of the T.A.M.P.A., who would be installed at a later meeting.

President Helen Kaminski of L.A.M.P.A. introduced and installed the newly elected Officers and Executive Board of the Ladies Auxiliary.

President Morgenroth thanked The Henry B. Gilpin Company for supplying morning newspapers and Calvert Drug Company for furnishing morning bulletins of each day's activities. Thanks also went to the wholesalers sponsoring the Social Hour prior to the Banquet and Bordens and Hendlers for furnishing ice cream. Appreciation was also expressed to Coca Cola, Lance and Austin for supplying refreshments throughout the sessions. H. Sheeler Read, T.A.M.P.A. Entertainment Chairman, and Ruth Levin, L.A.M.P.A. Chairman, were thanked for jobs well done. Acknowledgment was also made to John Crozier, Louis Rockman and Lillian Boyd for their work at the registration desk. On behalf of the Association, he also commended the personnel of Galen Hall and of the dining room.

Robert Tobias presented the awards in the Golf Tournament. Mrs. H. Sheeler Read was awarded a special prize for her costume at the "Night in Las Vegas" on Tuesday evening. It was announced that the "Pill Rollers" had defeated the "Pill Peddlers" in the annual convention soft ball classic and that John F. Wannenwetsch had watched 25 consecutive installation of officers.

The many generous contributions to the Convention were acknowledged and prizes were drawn. A special prize was awarded to Herman Bloom of Paramount Photo Service for his devotion to the success of the convention by taking pictures during the entire convention.

The 80th Annual Convention thus came to a most enjoyable conclusion and was adjourned.

T.A.M.P.A.

The important role of T.A.M.P.A. in the success of our Convention has become a Maryland Pharmaceutical Association tradition.

The officers and committees of the Travelers Auxiliary exerted every effort in assisting the Association in its program of entertainment.

In addition, T.A.M.P.A. members manned the registration desk, undertook many other responsibilities, and provided congenial fellowship.

To the officers and members of T.A.M.P.A., the parent Organization conveys its appreciation and gratitude for the labors and cooperation which insured the success of this outstanding Convention.

OFFICERS ELECTED 1962-63

At the Forty-Sixth Meeting of the T.A.M.P.A.
Galen Hall, Wernersville, Pennsylvania
June 25, 26, 27, 28, 1962

Honorary President—Marvin E. Murph
President—H. Sheeler Read
First Vice President—James A. Allen
Second Vice President—John C. Cornmesser
Third Vice President—Alfred E. Callahan
Secretary-Treasurer—John A. Crozier
Assistant Sec.-Treas.—Milton J. Timin

Directors

Chairman, Edwin M. Kabernagel, Jr.

For One Year	For Two Years	For Three Years
John M. Albert	Herman Bloom	Allan L. Settler
B. Dorsey Boyle	Frederick H. Plate	Bernard A. Appel
C. Wilson Spilker	Robert Tobias	Swen Justis

Maryland Pharmacist Committee

George M. Brandt, Chairman
C. Wilson Spilker, Board Advisor
Robert B. Kettlewell
Thomas F. Mullen
Francis J. Watkins

L.A.M.P.A.

The appreciation of the Maryland Pharmaceutical Association is also extended to the Ladies Auxiliary for the role they played in insuring the social success of the Convention.

The Association looks forward to L.A.M.P.A.'s actively participating in the Convention and other functions of the Association in the coming years.

L.A.M.P.A. OFFICERS FOR 1962-63

Officers

Honorary President—Mrs. Charles S. Austin
President—Mrs. Felix H. Kaminski
First Vice President—Mrs. Norman J. Levin
Second Vice President—Mrs. Milton A. Friedman
Third Vice President—Mrs. Stephen J. Provenza
Treasurer—Miss Amelia C. De Dominicis
Recording Secretary—Mrs. Charles J. Neun
Corresponding Secretary—Mrs. Richard R. Crane
6007 Eurith Ave., No. 6
Membership Secretary—Mrs. Jerome A. Cermak
Historian—Mrs. Frank Block

Directors

Mrs. Samuel I. Raichlen, Chairman

- Mrs. Manuel B. Wagner
- Mrs. Irving I. Cohen
- Mrs. Samuel P. Jeppi
- Mrs. George M. Schmidt, Elkton
- Mrs. James A. I. Parker, Sliver Spring
- Mrs. Edward T. Maisenhalder, Bel Air
- Mrs. William A. Cooley, Cumberland
- Mrs. Charles S. Austin, Honorary Board Member

Past Presidents

1953-54	Mrs. Charles S. Austin
1954-55	Mrs. Charles S. Austin
1955-56	Mrs. Solomon Weiner
1956-57	Mrs. H. Nelson Warfield
1957-58	Mrs. Frank Block
1958-59	Mrs. Morris L. Cooper
1959-60	Mrs. Anthony G. Padussis
1960-61	Mrs. Samuel I. Raichlen
1961-62	Mrs. Felix H. Kaminski

In Memorium

JOSEPH M. BRANSKY
HOWARD E. COOPER
JOHN B. CORBETT
HENRY A. DESANTIS
RICHARD I. ESSLINGER
WALTER F. FLAYHART
WILLIAM H. FRENCH
KATHERINE J. PARKER GAKENHEIMER
CARLETON WILLIAM HANKS, SR.
CLARA D. HERSKOWETZ
M. ELLSWORTH KAUFMAN
GEORGE LEMKE
NATHAN I. LISS
ELMER C. LYONS
FRANK L. McCARTNEY
VICTOR G. MERCER
WILLIAM MORGANSTERN
WILLIAM EARL MORITZ
WILBUR J. PESSAGNO
WILLIAM H. RICHARDSON
HENRY J. ROSENBLOOM
EDWIN A. SCHMIDT
LOUIS F. SHERMAN
D. EARL WOLF
MORRIS H. YARMACK

COMMITTEES
MARYLAND PHARMACEUTICAL ASSOCIATION
1962 - 63

Social Committee: William A. Cooley, Cumberland, Chairman; Solomon Weiner, Co-Chairman; John F. Neutze; Helen Kaminski; Joseph L. Muth; William L. Skinner, Jr.; Martin Rochlin; H. Sheeler Read; Sam A. Goldstein; H. Nelson Warfield; Robert S. Sinker, Silver Spring; C. Murray Allen, Cumberland; John A. Crozier; Louis Lindenbaum, Linthicum; Marcus Satou; David I. Estrin, Washington; I. Jack Parks.

Building Committee: Sam A. Goldstein, Chairman; John F. Wannenwetsch; Charles E. Spigelmire; Frank Block; Irving I. Cohen; Frank J. Slama.

Trade Relations Committee: Aaron M. Libowitz, Chairman; Jerome Block, Co-Chairman; Nicholas C. Lykos, Timonium; Arnold M. Friedman; David Greenfeld; John R. Mentzer, Jr.; Robert S. Sinker, Silver Spring; William J. Appel, Easton; Donald O. Fedder; Jerome A. Stiffman; Robert K. Moler, Frederick; Isaac E. Kerpelman, Salisbury; Stanley J. Yaffe, Odenton; Morris R. Yaffe, Rockville; Jay E. Levine, Hagerstown; David I. Estrin, Washington; Wilbur E. Crofton, Silver Spring; William L. Skinner, Jr.; Joseph L. Muth; John A. Crozier.

School of Pharmacy Committee: Irving I. Cohen, Chairman; Joseph U. Dorsch, Co-Chairman; Aaron M. Libowitz; Samuel I. Raichlen; Gordon A. Mouat; James P. Cragg, Jr.; Milton A. Friedman; Henry G. Seidman; Halcolm S. Bailey, Ocean City; Clinton W. Englander, Oakland; Morris R. Walman; Robert E. Lawson.

Professional Relations Committee: Stephen J. Provenza, Chairman; A. Wayne Braden, Silver Spring; Morris Bookoff, Robert F. Tomsko, LaVale, Co-Chairmen; Milton A. Friedman; Albin A. Hayman, Salisbury; H. Nelson Warfield; Roy E. Snell, Washington; Milton L. Hillman, Lexington Park; David Newman, Havre de Grace; Donald O. Fedder; John J. O'Hara; Frederic T. Berman; Phillip P. Weiner; Irvin Friedman; Irving Freed; Samuel J. Sheller; Jerome L. Fine, Randallstown; Jay E. Levine, Hagerstown; Aaron M. Libowitz; Morris L. Cooper; Charles E. Spigelmire; George J. Stiffman; S. W. Greenberg, Washington; Nicholas A. Toronto, Prince Frederick; Morton L. Pollack; L. H. Kraus Jr., Salisbury; Rebecca H. Davis.

Legislative Committee: Jerome Mask, Chairman; Herman Taetle, Silver Spring, Co-Chairman; Gregory W. A. Leyko; Milton J. Brownstein; James A. I. Parker, Kensington; Walter E. Albrecht, Linthicum Heights; A. Lester Batie, Laurel; Albin A. Hayman, Salisbury; Morris Lindenbaum, Reisterstown; Edward C. Maisenhalder, Bel Air; William Y. Kitchin, Annapolis; William C. Chatkin, Hagerstown; Lyndon B. Myers, Mt. Airy; William A. Cooley, Cumberland; Clinton W. Englander, Oakland; Bernard Cherry; Frank Block; Howard L. Gordy, Salisbury; George M. Schmidt, Elkton; John F. Wannenwetsch; Simon Solomon; Halcolm S. Bailey, Ocean City; Cecil E. Guild, Westminster; William J. Connor, Centreville; Elmer W. Sterling, Church Hill; Hyman Davidov; Herman B. Drukman; C. Robert Welsh; Stanley J. Yaffe, Odenton; George J. Stiffman; Max A. Krieger; Felix H. Kaminski; Charles A. Nitsch; William Les Brunnett, Riverdale; Ruth M. Klingel; L. M. Kantner; John F. Neutze; Lloyd N. Richardson, Bel Air; Morris R. Yaffe, Rockville; Aaron J. Friedman; Morris Bookoff.

Pharmacy Week Committee: Milton A. Friedman, Chairman; David Newman, Havre de Grace, Morris L. Cooper, Samuel Morris, Silver Spring, C. Murray Allen, Cumberland, Thomas M. Payne,, Easton, Co-Chairmen; Stephen J. Provenza; Charles J. Neun; H. Nelson Warfield; William C. Chatkin, Hagerstown; Irvin Kamenetz; Philip N. Vodenos, Timonium; Richard E. Greenberg; Milton Waxman, Elkton; Philip D. Lindeman, Salisbury; Philip Richman, Annapolis; William Les Brunnett, Riverdale; N. W. Chandler, Landover Hills; B. Olive Cole; L. H. Kraus, Jr., Salisbury; Albert L. Fauss, Jr., Hancock; Irvin L. Kamanitz, Salisbury.

Membership Committee: Morris R. Yaffe, Rockville, Chairman; Donald O. Fedder, Co-Chairman; Irving I. Cohen; Albert V. Ohlendorf; Melvin J. Sollod, Adelphi; Elwin H. Alpern, Odenton; Wilfred H. Gluckstern; George J. Stiffman; Solomon Weiner; John R. Mentzer, Jr.; Arnold M. Friedman; David Greenfeld; Sydney G. Weinberg; Joseph U. Dorsch; Anthony J. Petralia; Morris Shenker, Glen Burnie; Paul Reznek, Beltsville; Elmer R. Kellough, Jr., Cumberland; William Y. Kitchin, Annapolis; Nelson G. Diener; Godfrey D. Kroopnick; Lloyd W. Lohmeyer, Crisfield; Wilbur E. Crofton, Silver Spring; Charles E. Spigelmire.

Finance Committee: Gordon A. Mouat, Chairman; John F. Neutze, Co-Chairman; Charles E. Spigelmire; Joseph U. Dorsch; Solomon Weiner; John F. Wannenwetsch; Morris Lindenbaum, Reisterstown.

Public Relations Committee: Charles E. Spigelmire, Chairman; Milton A. Friedman, Co-Chairman; Alvin Berlin, Olney; Milton Goldberg; Samuel Morris, Silver Spring; Simon Solomon; Arthur N. Spano, Cumberland; N. W. Chandler, Landover Hills; Irving Freed; Edwin Whittemore; Jerome L. Fine, Randallstown; Jay E. Levine, Hagerstown; David Newman, Havre de Grace; Milton L. Meisner, Washington; Jacob L. Kronthal; Robert J. Martin, LaVale; Morton L. Pollack; Samuel H. Cohen.

Fair Trade Committee: Simon Solomon, Chairman; Alexander J. Ogrinz, Jr., Co-Chairman; Herman Taetle, Silver Spring; John G. Magiros, Ellicott City; Joseph H. Morton; Morton B. Scherr; Irvin Kamenetz; A. Lester Batie, Laurel; David Newman, Havre de Grace; Abraham B. Schapiro; David I. Estrin, Washington; Ruth M. Klingel; Lloyd W. Lohmeyer, Crisfield; Jerome Mask; Harry G. Eisentrout, Jr., LaVale; Robert J. Martin, LaVale.

Publications Committee: B. Olive Cole, Chairman; Paul Reznek, Beltsville; Herman B. Drukman; C. Murray Allen, Cumberland; Frank J. Slama; Milton A. Sarubin, Ellicott City; Herman M. Kling; Joseph Carmel; Morton J. Schnaper, Bethesda; Samuel H. Cohen.

Pharmacy Committee: Wilfred H. Gluckstern, Chairman; James P. Cragg, Jr., Co-Chairman; H. Nelson Warfield; Morton J. Schnaper, Bethesda; N. W. Chandler, Landover Hills; William J. Appel, Easton; Ralph Engel; Thomas H. Blatt; Robert K. Moler, Frederick; Elwin H. Alpern, Odenton; Alexander J. Ogrinz, Jr.; Myer Stoler; Lloyd W. Lohmeyer, Crisfield; Paul G. Gaver, Jr.

Nominating Committee: Norman J. Levin, Chairman; Harold M. Goldfeder, Riverdale; Gordon A. Mouat; Frank Block; George M. Schmidt, Elkton; Frank J. Macek; Hyman Davidov.

Resolutions Committee: Noel E. Foss, Chairman; Simon Solomon, Co-Chairman; Aaron M. Libowitz; James A. I. Parker, Kensington; Morris R. Yaffe, Rockville; Francis S. Balassone; Walter E. Albrecht, Linthicum Heights; Samuel Wertheimer, Cumberland; Nathan Schwartz, Edgewater; Frank Block; Frank L. Black; John F. Wannenwetsch.

Civil Defense Committee: Morris Lindenbaum, Reisterstown, Chairman; Myer Stoler; Morris R. Walman; James W. Truitt, Jr., Federalsburg; Philip Richman, Annapolis; Robert S. Sinker, Silver Spring; Jerome Mask; John G. Magiros, Ellicott City; Jerome A. Stiffman; L. H. Kraus, Jr., Salisbury; Alfred M. Lawson, Hyattsville; Elmer R. Kellough, Jr., Cumberland.

Grievance Committee: Gordon A. Mouat, Chairman; DISTRICT NO. 1: Albin A. Hayman, Salisbury; George M. Schmidt, Elkton; DISTRICT NO. 2: Edward J. Passaro; Morris Shenker, Glen Burnie; DISTRICT NO. 3: N. W. Chandler, Landover Hills; Robert S. Sinker, Silver Spring; DISTRICT NO. 4: Henry J. Glaeser, Jr., Manchester; Lyndon B. Myers, Mt. Airy; DISTRICT NO. 5: C. Murray Allen, Cumberland; Clinton W. Englander, Oakland; DISTRICT NO. 6: Bernard Cherry; Frank Block.

Constitution & By-Laws Committee: Frank Block, Chairman; Charles A. Nitsch, Co-Chairman; Sam A. Goldstein; N. W. Chandler, Landover Hills; William A. Cooley, Cumberland; George M. Schmidt, Elkton; Frank J. Macek; Gordon A. Mouat; Herman B. Drukman.

Auditing Committee: Gordon A. Mouat, Chairman; Herman B. Drukman, Co-Chairman; Charles E. Spigelmire; Joseph U. Dorsch; Solomon Weiner; John F. Wannenwetsch; Morris Lindenbaum, Reisterstown.

Swain Seminar Committee: Dr. Noel E. Foss, Honorary Chairman; Henry G. Seidman, Chairman; Halcolm S. Bailey, Francis S. Balassone, Frederic T. Berman, William Les Brunnett, Irving I. Cohen, William A. Cooley, James P. Cragg, Jr., John A. Crozier, Joseph U. Dorsch, Clinton W. Englander, Paul Freiman, Aaron J. Friedman, Milton A. Friedman, Wilfred H. Gluckstern, Harold M. Goldfeder, Sam A. Goldstein, Howard L. Gordy, Milton L. Hillman, Philip R. Karn, Sr., Robert E. Lawson, Aaron M. Libowitz, Philip D. Lindeman, Gordon A. Mouat, Alexander J. Ogrinz, Jr., Stephen J. Provenza, Sam I. Raichlen, Lloyd N. Richardson, Morton J. Schnaper, Alan Settler, Roy E. Snell, Simon Solomon, Herman Taetle, Morris R. Walman, John F. Wannenwetsch, H. Nelson Warfield.

COMMITTEE FUNCTIONS

Social Committee:

To recommend a convention site to the Executive Committee. To promote the convention generally: Contributions, entertainment, attendance, publicity.

Building Committee:

To inspect the Kelly Memorial Building and grounds. To recommend repairs, maintenance and improvements.

Trade Relations Committee:

To improve trade relations between manufacturers, wholesalers and retailers particularly in out-front merchandise.

School of Pharmacy Committee:

To assist the School of Pharmacy, University of Maryland in promoting the School and forming a close relationship between the Faculty, Student Body and members of the Association.

Professional Relations Committee:

A liaison between Pharmacy, Dentistry and Medicine. To encourage closer and better relations between these professions. To foster meetings to discuss problems of common interest. To promote better intra-professional relations.

Legislative Committee:

To study all legislation affecting Pharmacy—local, state and federal. To take an active part in preventing harmful legislalation and seeking beneficial legislation. To attend legislative sessions and hearings and participate in them if necessary.

Membership Committee:

To devise ways and means of improving the membership in the Association both numerically and qualitatively. Active participation to bring this about by mailing bills and calling on both delinquent and prospective members.

Finance Committee:

To study the financial needs of the Association for efficient operation. To prepare a budget and to recommend addition or deletion of expense items.

Auditing Committee:

To examine the books of the Association after the annual audit has been made.

Public Relations Committee:

To promote pharmacy through various media—radio, television, newspapers, so that the public will have a better understanding and opinion of pharmacists and Pharmacy.

Fair Trade Committee:

To cooperate with the Fair Trade Service Bureau in the maintenance of Fair Trade in the State of Maryland, and to support legislation on both a State and National level pertaining to Fair Trade.

Publications Committee:

To examine the Maryland Pharmacist, official publication of the Maryland Pharmaceutical Association. To make editorial contributions, obtain advertisers and improve the publication generally.

Pharmacy Week Committee:

To assist the American Pharmaceutical Association in promoting National Pharmacy Week. To encourage participation in retail, hospital, school and public exhibits. To provide suitable awards.

Pharmacy Committee:

To promote professional Pharmacy and the good practice of Pharmacy.

Civil Defense:

To join with Civil Defense authorities on all levels to provide pharmaceutical service in case of an attack.

Grievance Committee:

To reconcile public, interprofessional, and/or intraprofessional complaints brought against the practitioners of Pharmacy.

Resolutions Committee:

To gather and prepare resolutions for presentation at the annual Convention.

Nominating Committee:

To present a slate of officers, executive committee and nominees for the Maryland State Board of Pharmacy to the annual convention for election as stated in the Constitution of the Association.

Executive Committee:

The governing body of the Association as stated in the Constitution.

Robert L. Swain Pharmacy Seminar Committee:

To plan and conduct the educational and information program of the annual Pharmacy Seminar, which serves as a perpetual memorial in recognition of Dr. Robert L. Swain.

ONLY THESE NARCOTIC PREPARATIONS MAY BE SOLD ON ORAL OR TELEPHONED PRESCRIPTION

The Federal Bureau of Narcotics has issued its list of narcotic preparations that can be sold on oral prescription.

The Maryland Law is now also in effect. Following is the Federal Bureau's oral prescription narcotic list:

(1) **CODEINE** (methylmorphine): Codeine content of compound must not exceed eight grains per fluid oz. or one grain per dosage unit. *Codeine must be compounded with—*

> (a) "one or more active non-narcotic ingredients in recognized therapeutic amounts" (examples — Empirin Compound with Codeine, A.P.C. with Codeine, Coricidin with Codeine, Trigesic with Codeine); or
>
> (b) "an equal or greater quantity of any isoquinoline opium alkaloid or salt thereof" (example—Copavin).

(2) **DIHYDROCODEINONE** or any of its salts in any preparation is hereby restricted to sale on prescription only, in accord with the State Board of Health's "Regulations Governing Acceptance of Oral Prescriptions for Certain Narcotic Drugs".

(3) **DIHYDROHYDROXYCODEINONE** (Oxycodone, Eucodal) or any salt thereof when compounded with one or more active *non-narcotic* ingredients in recognized therapeutic amounts. Dihydrohydroxycodeinone content must not exceed two-third grain per fluid oz. or one-twelfth grain per dosage unit. (example—Percodan, Nucodan)

(4) **DIONIN** (Ethylmorphine) or any salt thereof when compounded with one or more active *non-narcotic* ingredients in recognized therapeutic amounts. Dionin content must not exceed one and one-third grains per fluid oz. or one-sixth grain per dosage unit (example —Terpin Hydrate and Creosote compound with Dionin).

(5) **ANY ISOQUINOLINE ALKALOID OF OPIUM** or any salt of any such isoquinoline alkaloid, *alone* or in combination with other active non-narcotic medicinal ingredients. According to the Narcotics Bureau, the only isoquinoline alkaloids of opium currently on the market are: *Papaverine, Narcotine, Cotarnine,* and *Narceine.*

(6) **APOMORPHINE** or any salt thereof *alone* or in combination with other active non-narcotic medicinal ingredients.

(7) **NALLINE** (N-allyl-normorphine, Nalorphine) or any salt thereof *alone* or in combination with other active non-narcotic medicinal ingredients. It is an antidote for morphine poisoning.

Oral Prescription Narcotic List Does Not Include—

(1) **Straight** Codeine, Dihydrocodeinone, Dihydrohydroxycodeinone, or Dionin. An effort was made to get straight Dionin included in the list for ophthalmic solutions, but was unsuccessful.

(2) **MORPHINE** or any of its salts or compounds, except when they are included in preparations that have previously been known as

exempt narcotics. In fact, oral prescriptions can be accepted for any *exempt narcotic preparation.* This is logical because any *exempt narcotic preparation* can be sold *over-the-counter* without any prescription within the limits set by federal and state laws and regulations.

(3) **METHADONE COMPOUNDS** (Amidone, Adanon, Dolophine). Methadone compounds with other non-narcotic ingredients were proposed with certain dosage limitations, but were not included in the final list.

(4) **OPIUM COMPOUNDS** with other non-narcotic ingredients for topical application were proposed, but not included.

(5) **DEMEROL** (Pethidine, Meperidine): Dilaudid (Dihydromorphinone); Cocaine; Pantopon; Metopon; Dromoran; Isomethadone; Methadol; Nisentil (Alphaprodine); Heptazone (Thebaine); Phenadoxone.

Oral Prescriptions Must Be Reduced To Writing And Filed; No Refills

Like oral prescriptions for non-narcotic drugs under the Food and Drug Administration's Durham-Humphrey (D-H) law, and under our own Maryland Law, (the dangerous drug law) narcotic oral prescriptions must be reduced to writing promptly by the pharmacist and must be filed. The oral prescription narcotic law specifically requires that prescriptions be kept for two years.

Oral prescriptions can be accepted from any physician or other practitioner who has a narcotic registration. The practitioner must supply the pharmacist with the same information required for a written narcotic prescription.

Unlike FDA's Durham-Humphrey law, and our own harmful drug law, refills cannot be authorized on either a written or an oral narcotic prescription (except, of course, in the case of *exempt narcotic* preparations). A new prescription must be obtained each time.

There Are Now Three Classes of Narcotic Preparations

So far as the physician and the pharmacist are concerned, the new federal law and list issued by the Federal Bureau have the effect of creating three classes of narcotic preparations:

(1) **WRITTEN PRESCRIPTION NARCOTICS**: All narcotic preparations that do not fall in either of the next two categories still require the presentation of a written prescription before the pharmacist *can deliver* the drug.

(2) **ORAL PRESCRIPTION NARCOTICS**: Oral prescriptions can be accepted by the pharmacist for preparations on the Federal Bureau's list in those states where such oral prescriptions are legal under state law (Maryland). Oral prescriptions can be accepted for prescriptions that require compounding by

the pharmacist as well as those available in pharmaceutical specialty form.

(3) **EXEMPT NARCOTICS:** No prescription is required for exempt narcotics which can be sold over-the-counter, but federal law requires a written record of each sale in a registration book.

Except for the simple fact that oral prescriptions are authorized for a limited list of narcotic preparations, the new federal law and regulations do not change anything else with regard to the responsibilities of physician and pharmacists in the handling of narcotics. For example—

Even if the physician supplies a pharmacist with a prescription, the latter cannot sell him narcotics for use in his office or other practice. The physician is not supposed to get any narcotics for these purposes unless he uses his official narcotics order form. If a pharmacist is registered as a "wholesaler," he can supply a physician via an official order form.

NOTE:

A number of narcotics, which are considered exempt under Federal Law, are not exempt under State of Maryland Laws. Only a narcotic specifically cited by Maryland Law as an exempt narcotic may be so sold.

ARTICLES OF INCORPORATION

Know all men by these presents, That we, M. L. Byers, David M. R. Culbreth, Joseph B. Garrott, E. M. Foreman, John W. Geiger, Samuel Mansfield, J. Charles Smith, Columbus V. Emich, Albion J. Corning, John T. Thomsen, D. C. Auginbaugh, Edwin Eareckson, William Simon and J. Walter Hodges, being citizens of the United States, and a majority of whom are citizens of the State of Maryland, do hereby certify that we do, under and by virtue of the General Laws of this State, authorizing the formation of corporations, hereby form a corporation under the name of "The Maryland State Pharmaceutical Association of Baltimore City."

We do further certify, that the said corporation, so formed is a corporation for the purpose of bringing together the reputable Pharmacists, Chemists and Druggists of the State, that they may by thorough organization and united effort advance the science of Pharmacy, promote scientific research, and in the interest of the public strive to have enacted just, stringent laws, to prevent the adulteration of food and medicines, and to confine the compounding and sales of medicines to regularly educated Pharmacists; that the term of existence of said corporation is limited to forty years; and that the said corporation is formed upon the articles, conditions and provisions herein expressed, and subject in all particulars to the limitations relating to corporations, which are contained in the General Laws of this State.

We do further certify, that the operations of said corporation are to be carried on in the State of Maryland, and that the principal office of the said corporation will be located in Baltimore City.

We do further certify that the said corporation has no capital stock.

We do further certify that the said corporation will be managed by the officers, and that the said M. L. Byers, David M. R. Culbreth, Joseph B. Garrott, E. M. Foreman, John W. Geiger, Samuel Mansfield, J. Charles Smith and Columbus V. Emich are the names of the Officers who will manage the concerns of the said corporation for the first year.

In Witness Whereof, We have hereunto set our hands and seals this twenty-sixth day of November, in the year eighteen hundred and eighty-nine.

M. L. Byers	(Seal)	Columbus V. Emich	(Seal)
David M. R. Culbreth, M. D.	(Seal)	John T. Thomsen	(Seal)
Joseph B. Garrott	(Seal)	D. C. Auchinbauch	(Seal)
E. M. Foreman	(Seal)	Edwin Eareckson	(Seal)
John W. Geiger	(Seal)	William Simon	(Seal)
Samuel Mansfield	(Seal)	J. Walter Hodges	(Seal)
J. Charles Smith	(Seal)	A. J. Corning	(Seal)

A CODE OF ETHICS

For the guidance of members of this Association and all pharmacies of the State who may wish to follow the higher practice of their profession.

RESPECTING THE PHARMACIST HIMSELF

First—He should, by study, experimentation, investigation and practice, thoroughly qualify himself to fully meet and competently transact the daily requirements of his vocation.

Second—He should possess a good moral character and should not be addicted to the improper use of narcotic drugs nor the excessive use of alcoholic stimulants.

Third—He should constantly endeavor to enlarge his store of knowledge; he should, as far as possible, read current pharmaceutical literature; he should encourage all such pharmaceutical organizations as seen to be helpful to the profession, and so deport himself as not to detract from the dignity and honor of the calling this Association, especially is trying to elevate.

Fourth—He should accept the standards and requirements of the United States Pharmacopoeia and the National Formulary for the articles of Materia Medica and the preparations recognized by these publications, and, as far as possible, should promote the use of these and discourage the use of proprietaries and nostrums.

RESPECTING THE PHARMACIST'S RELATION WITH THOSE FROM WHOM HE MAKES PURCHASES

First—He should deal fairly with these, all goods received in error or excess, and all undercharges, should be as promptly reported as are shortages and overcharges. Containers not charged for and not included in the charge of contents should be carefully returned, or, if used should be credited to the party to whom they belong.

Second—He should earnestly strive to follow all trade regulations and rules, promptly meet obligations, closely follow all contracts and agreements, and shoud not encourage or sanction any division of quantity purchases not contemplated in the terms of sale.

RESPECTING THE PHARMACIST'S RELATION WITH HIS FELLOW-PHARMACIST

First—In this relationship he should, especially, "do as he would be done by." He should not make any comment or use any form of advertisement that will reflect upon a member of the profession, generally or specifically. Nor should he do that which will in any way discredit the standing of other pharmacists in the minds of either physicians or laymen.

Second—He should not obtain, surreptitiously, or use the private formulas of another, nor should he imitate or use another's preparations, labels or special forms of advertising.

Third—He should not fill orders or prescriptions which come to him by mistake. Prescription containers with copies and labels of another pharmacist upon them may be filled by him upon request but he must invariably replace the labels with his own, thereby assuming proper responsibility.

Fourth—He should never request a copy of a prescription from another pharmacist; the owner of the prescription, being alone entitled to a copy, is the proper person to ask for it.

Fifth—He may borrow merchandise from another pharmacist, provided the practice is reciprocal and equally agreeable to both parties; but the better form is to pay a sum for the desired article equal to the cost and half of the profit to be obtained.

Respecting The Pharmacist's Relation With Physicians

First—He should positively refuse to prescribe for customers except in case of urgent emergency.

Second—He should not, under any circumstances substitute one article for another, or one make of an article for another, in a physician's prescription without the physician's consent.

Third—He should refuse to re-fill prescriptions or give copies of them when so instructed by the physician.

Fourth—He should not put advertisement of any kind on prescription blanks furnished to the physician, including the name and address of the pharmacy or pharmacist.

Fifth—He should not place copies of prescriptions upon containers unless ordered to do so by the prescriber, even though the patient should request it. Nor should he use any word or label, like "For External Use," "Poison," "Caution," etc., with due regard for the wishes of the prescriber, provided the safety of the patient and family is not jeopardized.

Sixth—Whenever there is a doubt as to the correctness of the physician's prescription or directions, he should invariably confer with the physician in order to avoid possible mistakes or unpleasantness; changes in prescriptions should not be made without such conference.

Respecting The Pharmacist's Relations With His Patrons

First—He should seek to merit the confidence of his customers, which, when won, should be jealously guarded and never abused by extortion or misrepresentation.

Second—He should supply products of standard quality only to patrons, excepting when something inferior is specified and paid for by them.

Third—He should charge no more than fair, equitable prices for merchandise and prescriptions; but the time required for the proper preparation of prescriptions should be duly considered and paid for.

Fourth—He should hold the safety and health of his patrons to be of first consideration; he should make no attempt to treat disease nor strive to sell nostrums or specifics simply for the sake of profit.

Fifth—He should consider the reckless or continued sale of drugs to habitues and the illicit sale of abortive medicines or poisons to be practices unbecoming a gentleman, a pharmacist and a member of this Association.

CONSTITUTION AND BY-LAWS

Revised and Adopted June 28, 1956

Preamble

WHEREAS, to promote progress and to guard the well-being of our profession within the State, Pharmacists should be thoroughly organized, and

WHEREAS, the relations existing between Pharmacists, Chemists, Drug Wholesalers and Manufacturers are, and ought to be, of the most intimate and confidential character, and

WHEREAS, there exists great necessity for the enactment of just, and stringent laws in the interest of the public, to guard against the adulteration, abuse and misrepresentation of drugs and medicines and to confine the compounding and dispensing of drugs and medicines to those who are thoroughly competent and duly licensed. Therefore, be it

Resolved, that we, the Pharmacists, Chemists, Drug Wholesalers and Manufacturers of the State of Maryland in convention assembled do hereby organize ourselves into a permanent association and adopt the following Constitution and By-Laws.

CONSTITUTION

ARTICLE I.

This Association shall be known as the MARYLAND PHARMACEUTICAL ASSOCIATION INCORPORATED.

ARTICLE II.

OBJECT OF THE ASSOCIATION:

The object of this Association is to bring together the reputable Pharmacists, Chemists, and Allied Members of the drug industry of the State, that they may, by thorough organization and united effort, advance the science of Pharmacy promote scientific research and, in the interest of the public, strive to have enacted just, and stringent laws conforming to state and federal regulations, and to prevent the adulteration, abuse and misrepresentation of drugs and medicines and to confine the compounding and sale of drugs and medicines to duly educated and licensed pharmacists.

ARTICLE III.

TYPES OF MEMBERSHIP:

Section 1. This Association shall consist of active, associate, affiliate, honorary and life members.

Section 2. *ACTIVE MEMBERS*: Any registered pharmacist in the State of Maryland, of good moral character and professional standing, who shall have attained the age of twenty-one years, shall be eligible to active membership in this Association, upon subscribing to the constitution and by-laws of this Association and payment of dues for the current year, and shall be entitled to all the rights, privileges and benefits of the Association. Applications shall be made on the form prescribed by the Executive Committee and shall be approved by the vote of a majority of the Executive Committee. None of the above qualifications shall change the status of any Active Member at this time.

Section 3. *ASSOCIATE MEMBERS*: Any registered pharmacist who does not have a proprietary interest in a drug store or pharmacy, any registered assistant pharmacist; pharmacy interne; educator; or any person of an allied profession or calling in the State of Maryland, of good moral character and professional standing, who shall have attained the age of twenty-one, shall be eligible to associate membership in this Association, upon subscribing to the constitution and by-laws of this Association and the payment of dues for the current year, and shall be entitled to all the rights, privileges and benefits of the Association, except the right to vote or hold office in the Association.

Section 4. *AFFILIATE MEMBERSHIP*: Any non-registered pharmacist in the State of Maryland or others who have a proprietary or managerial interest in a drug store or pharmacy; any owner, members of a corporation or executive of an allied business or calling in the State of Maryland, of good moral character and standing, who shall have attained the age of twenty-one, shall be eligible to affiliate membership in this Association, upon subscribing to the constitution and by-laws of this Association, and the payment of dues for the current year, and shall be entitled to all the rights, privileges and benefits of the Association, except the right to vote or hold office in the Association.

Section 5. *LIFE MEMBERSHIP*: Any active member who has paid at least twenty-five years continuous dues, may pay ten years current dues in advance to the Treasurer and shall be a life member. Life members shall have all the rights and privileges of active members, including the right to vote, but are not required to pay the annual dues, thereafter.

Section 6. *HONORARY MEMBERS*: Professional men, physicians, pharmacists, chemists, scientists and other persons of merit, not actively engaged in the practice of retail pharmacy, shall, upon the vote of 80% of the Executive Committee, be declared honorary members and shall be entitled to all the privileges of the other classes of members except the right to vote and to hold elective office. They shall not be required to pay annual dues.

ARTICLE IV.

OFFICERS AND EXECUTIVE COMMITTEE:

The Officers of this Association shall consist of a President, four Vice-Presidents, an Executive Secretary, a Treasurer, and an Executive Committee composed of representatives of five districts, and Baltimore City, comprising the State of Maryland. Originally, each district shall have representation based on two members on the Executive Committee for each of the five districts and three members for Baltimore City, regardless of store population After adoption of this Constitution, any of the five districts and Baltimore City shall be entitled to one extra member on the Executive Commitee on the basis of one member for every twenty-five dues paid members in the district or Baltimore City. Representation shall not exceed five members to the Executive Committee from any one district or Baltimore City.

District 1: Eastern Shore. To include the following counties: Caroline, Cecil, Dorchester, Kent, Queen Annes, Somerset, Talbot, Wicomico and Worcester.

District 2: Central. To include the following counties: Anne Arundel, Baltimore, Harford and Howard.

District 3: Southern. To include the following counties: Calvert, Charles, Montgomery, Prince Georges and St. Marys.

District 4: Northern. To include the following counties: Carroll, Frederick and Washington.

District 5: Western. To include the following counties: Allegany and Garrett.

District 6: Baltimore City. To include the corporate city limits.

All officers of this Association except the Executive Secretary shall be elected annually by ballot, and shall hold office until their successors are elected and have qualified. The Executive Secretary shall be appointed by the Executive Committee, to serve and act during the term of said Executive Committee.

Ex-Officio members may be elected annually by ballot, to the Executive Committee because of the office they hold. Ex-Officio members to the Executive Committee shall not vote.

The President of the Association shall become a member of the Executive Committee for the year immediately following his term as president, and he shall serve as chairman of the Executive Committee during this period.

ARTICLE V.

AMENDMENT OF CONSTITUTION:

Every proposition to alter or amend this Constitution must be submitted in writing, and, after being read at a duly constituted meeting shall be referred to the Executive Committee, and lie over until the next annual or duly constituted meeting of the Association, when, upon receiving an affirmative vote of two-thirds of the members present, it shall become part of this Constitution.

ARTICLE VI.

QUORUM:

Twenty-five members shall constitute a quorum for the transaction of business.

BY-LAWS

ARTICLE I.

DUTIES OF THE PRESIDENT:

The President shall preside over all meetings of this Association; he shall decide all questions of order, subject, however, to an appeal. He shall appoint all committees, unless their appointment is otherwise ordered by the

Association and shall be ex-officio, a member of the Executive and each standing committee. He shall present at each annual meeting a report and shall make such suggestions as may seem to him suitable to promote the interest and better carry out the objects for which this Association has been organized. He shall authenticate all proceedings by his signature.

Article II.

DUTIES OF THE OFFICERS:

In the absence of the President, or his inability to act, his duties shall devolve upon the Vice-Presidents in their order of rank.

Article III.

DUTIES OF THE EXECUTIVE SECRETARY:

The Executive Secretary shall make and keep correct minutes of the proceedings and conduct all the correspondence of the Association. He shall be ex-officio, a member and Secretary of the Executive and each Standing Committee. He shall carefully preserve on file all reports and papers of every description, and it shall be his duty, under direction of the Executive Committee, to edit the Maryland Pharmacist, publish and distribute the Proceedings of the Association, countersign all orders upon the Treasury and shall be paid an annual salary of a sum to be determined by the Executive Committee.

Article IV.

DUTIES OF THE TREASURER:

The Treasurer shall collect and safely hold all dues and other funds belonging to the Association, to the order of the Executive Committee. He shall report to the Executive Committee the status of membership of the Association. He shall at each Executive Committee meeting render a statement of his accounts showing all income and expenditures. He shall at each annual meeting render a statement of his accounts to the Executive Committee for audit and report a copy of the same to the Association. He shall be ex-officio, a member of the Executive Committee. He shall keep a separate account for the monthly journal, charging all expenses and crediting all receipts, setting out this account separately in his annual report. He shall countersign all orders upon the Treasury.

Article V.

DUTIES OF THE EXECUTIVE COMMITTEE:

The property and affairs of the Association shall be managed by the Executive Committee, consisting of the President, the four Vice-Presidents, the Chairman, who is the immediate preceding president, and members representing the districts of the State as determined in the Constitution. To the extent that the corporation laws of this State permits, the Executive Committee shall be the governing body of the Association and shall have and be entitled to exercise all the power of the members. The Chairman and members at large of the Executive Committee shall be elected by ballot at the annual meeting of the Association and shall hold office until their successors are elected and have qualified. In case of resignation removal or death of any member of the Executive Committee, the vacancy shall be filled by the remaining members of the Executive Committee, and the new committee member shall hold office until the election and qualification of his successor.

The Executive Committee shall meet at such times and places as the committee may determine. Special meetings of the Committee may be called at any time by the President or by a majority of the committee.

No member of the Executive Committee shall receive any compensation for his services as such.

Ten members of the Executive Committee shall constitute a quorum for the transaction of any business at any regular or special meeting of the Executive Committee.

ARTICLE VI

MEETINGS:

This Association shall hold its meetings annually at such time and place as the Executive Committee may name and shall give thirty days written notice thereof to the membership. Special meetings shall be called, upon the written application of ten members, directed to the President; said written application before being acted on must be submitted to the Board of Trustees, and receive the approval of a majority of said Board of Trustees, and at least fifteen days notice be given of the time, place and object of meeting in special session. Regional meetings may be held at such place as the President may designate which the officers and chairman of committees especially shall attend.

ARTICLE VII

BOARD OF TRUSTEES:

The officers of the Association shall constitute a Board of Trustees for the transaction of any business that may be intrusted to it.

ARTICLE VIII

FISCAL YEAR:

The fiscal year of this Association shall be the calendar year.

ARTICLE IX.

FINANCIAL ADMINISTRATION:

All checks or orders for payment of money shall be signed by such officer or officers as may, from time to time, be designated by the Executive Committee, provided such papers be signed by the Treasurer with the approval of the President or such other officer designated by the President.

All other contracts, obligations and documents of all kinds shall be executed by the President, whose signature shall be witnessed by the Secretary after approval, shall first have been given by the Executive Committee and shall include such signature or signatures of officers as may be required or designated by the Executive Committee.

All active and affiliate members in order to maintain their status as members in good standing are required to pay dues in the amount of Twenty-five dollars a year, payable January 1st of each year, in advance.

Two dollars of each active and affiliate members dues collected shall be earmarked for "Kelly Memorial Building Maintenance, Only."

All Associate members in order to maintain their status as members in good standing are required to pay dues in the amount of Five dollars a year, payable January 1st of each year, in advance.

Any member, whose dues shall be in arrears for one year shall, after due notification from the Treasurer, lose his rights as a member.

The Executive Secretary and Treasurer shall each receive a salary in such amount as the Executive Committee may determine for his services.

An annual audit shall be prepared by a certified public accountant, who has been approved by the Executive Committee, at the close of business on May 31st each year. A full and true report of the annual audit shall be given at the annual meeting of the Association.

Article X.

ORDER OF BUSINESS:

The Executive Committee shall furnish the order of business for each regular and annual meeting and shall furnish the Executive Secretary a draft of progress at least thirty days before the date of such meetings.

Article XI.

APPOINTMENT TO STATE BOARD OF PHARMACY:

A list of members of the Association, in good standing, being skilled and competent pharmacists who have had at least five years active pharmaceutical experience in compounding and dispensing physician's prescriptions, shall be submitted by the executive committee to the nominating committee, which latter named committee shall recommend at the annual meeting of the Association, a list of three eligible members for each vacancy to be filled by appointment of the Governor of the State of Maryland to the Maryland Board of Pharmacy. None of the candidates may be connected with the School of Pharmacy, either as a teacher, instructor, or a member of the Board of Trustees. The Board of Pharmacy shall consist of two members of the City of Baltimore, two members of the Counties of the State, and one member of either the City of Baltimore or the Counties of the State. The appointment shall be for a period of five years. In case of any vacancy or vacancies, whether from expiration of term, resignation, death or otherwise, the Governor shall appoint a successor from a list of Pharmacists of three times the number of vacancies to be filled, said list to be submitted by the Maryland Pharmaceutical Association. The said Commissioners shall, after notification of their appointment each subscribe to the oath prescribed by the Constitution of the State of Maryland and shall hold office until the appointment and qualification of his successor.

Article XII.

STANDING AND SPECIAL COMMITTEES:

The following Standing Committees shall be appointed annually by the President and approved by the Executive Committee:

1. Social Committee
2. Building Committee
3. Trade Relations Committee
4. School of Pharmacy Committee
5. Professional Relations Committee
6. Legislative Committee
7. Membership Committee
8. Finance Committee

9. Auditing Committee
10. Public Relations Committee
11. Fair Trade Committee
12. Publications Committee
13. Pharmacy Week Committee
14. Pharmacy Committee
15. Civil Defense Committee
16. Nominating Committee
17. Resolutions Committee
18. Grievance Committee
19. Robert L. Swain Pharmacy Seminar Committee

The President shall also appoint such other special committees as he may, from time to time deem necessary or advisable. The number of members serving on Standing and Special Committees and the duties and responsibilities of all committees shall be determined by the Executive Committee and a report of all committees shall be submitted in writing at regular, special or annual meetings of the members.

ARTICLE XIII.

TRAVELERS AUXILIARY:

Section 1. (Authorization) The Maryland Pharmaceutical Association hereby authorizes the organization of the Travelers' Auxiliary of the Maryland Pharmaceutical Association to be a permanent organization to aid in the entertainment of the Association.

Section 2. (Membership) Membership of the Auxiliary shall comprise all representatives who sell to the pharmacists and to the drug trade in general.

Section 3. (Dues) Each member of the Auxiliary shall pay seven dollars and fifty cents in annual dues to the Treasurer of the Auxiliary, or any designated amount.

Section 4. (Function) The Social Committee of the Maryland Pharmaceutical Association shall devise with the Travelers' Auxiliary in matters pertaining to the program of entertainment for the annual meeting of the Association.

Section 5. (Powers) The Travelers' Auxiliary and Social Committee of the Maryland Pharmaceutical Association shall have control of the entertainment features of the Maryland Pharmaceutical Association at its meetings.

ARTICLE XIV

LADIES AUXILIARY:

Section 1. (Authorization) The Maryland Pharmaceutical Association hereby authorizes the organization of the Ladies' Auxiliary of the Maryland Pharmaceutical Association to be a permanent organization to aid in the entertainment of the Association.

Section 2 (Membership) Membership of the Auxiliary shall comprise of wives of pharmacists, teachers and all representatives who sell to the pharmacists and to the drug trade in general.

Section 3. (Dues) Each member of the Ladies' Auxiliary shall pay two dollars in annual dues to the Treasurer ot the Auxiliary, or any designated amount.

Section 4. (Function) The Social Committee of the Maryland Pharmaceutical Association shall devise with the Ladies' Auxiliary in matters pertaining to the program of entertainment for its annual meeting of the Association.

Section 5. (Powers) The Ladies' Auxiliary and the Social Committee of the Maryland Pharmaceutical Association shall have control of the entertainment features of the Maryland Pharmaceutical Association at its meetings.

Article XV

STUDENTS AUXILIARY:

Section 1. (Authorization) The Maryland Pharmaceutical Association hereby authorizes the organization of a Students' Auxiliary of the Maryland Pharmaceutical Association.

Section 2. (Membership) Under-graduate students who are members of the second, third, and fourth year classes, respectively, of the School of Pharmacy of the University of Maryland shall be eligible for active membership in the Students' Auxiliary.

Section 3. The Students' Auxiliary is hereby empowered to adopt a constitution and by-laws which constitution shall be approved by the Maryland Pharmaceutical Association before taking effect.

Section 4. The Students' Auxiliary is empowered to elect such officers and appoint such committees as provided for in the constitution and by-laws, including an Executive Committee. The President of the Maryland Pharmaceutical Association shall be a member ex-officio and without vote, of the Executive Committee of the Students' Auxiliary, and the President of the Students' Auxiliary shall be a member, ex-officio and without vote, of the Executive Committee of the Maryland Pharmaceutical Association.

Section 5. The Students' Auxiliary of the Maryland Pharmaceutical Association shall send three delegates to the annual convention of the Maryland Pharmaceutical Association, such delegates to be appointed in accordance with the by-laws.

Section 6. The members of the Students' Auxiliary of the Maryland Pharmaceutical Association shall be entitled to receive "The Maryland Pharmacist" for each month of the college year, upon the payment to the Publications Committee of the Maryland Pharmaceutical Association the sum of one dollar ($1.00) per member.

Article XVI

AMENDMENT OF BY-LAWS:

These By-Laws may be amended by the affirmative vote of two-thirds of the members in attendance, at any regular meeting of the members or a special meeting called for that purpose; provided that notice to members, in writing, of the proposed changes be given at least fifteen days before the meeting.

Article XVII

ORDER OF BUSINESS:

The Order of Business at the annual meeting and special meetings where appropriate shall be as follows:

1. Call to order
2. Roll Call

3. Reading of Minutes of Previous Meeting
4. Reading of Communications
5. Reports of Officers and Committees
6. Unfinished Business
7. Election of Members
8. New Business including election ot Officers and members at large of the Executive Committee.
9. Adjournment

Article XVIII

RULES OF ORDER:

Roberts Rules of Order shall prevail in the meetings of this Association.

CONSTITUTION AND BY-LAWS TRAVELERS' AUXILIARY MARYLAND PHARMACEUTICAL ASSOCIATION

(T. A. M. P. A.)

(Revised and Adopted April 2, 1960)

PREAMBLE

In accordance with the authority contained in Article XIII of the By-Laws of the Constitution of The Maryland Pharmaceutical Association, this organization shall be known as the Travelers' Auxiliary of the Maryland Pharmaceutical Association.

CONSTITUTION

Article I.

The object of this Association shall be to co-operate with the Maryland Pharmaceutical Association in promoting the general welfare of the drug trade and to be a permanent organization to aid in the entertainment of the parent Association.

Article II.

This Association shall meet regularly on the FIRST Saturday of each month, except July and August, unless otherwise ordered by a two-thirds vote of members present or by recommendations of the Governing Body.

The ANNUAL meeting shall be held during the time and the place of the Annual Convention of the Maryland Pharmaceutical Association.

Article III.

EXECUTIVE OFFICERS

The Governing Body of this Association shall be composed of Active Members only and shall consist of a PRESIDENT, FIRST VICE-PRESIDENT, SECOND VICE-PRESIDENT, THIRD VICE-PRESIDENT, SECRETARY, TREASURER, a Board of Directors consisting of nine members and the IMMEDIATE Past President who shall act as Chairman of the Board.

Article IV.

All officers of this Association shall be elected at the Annual Convention meeting. The PRESIDENT, FIRST VICE-PRESIDENT, SECOND VICE-PRESIDENT, THRD VICE-PRESIDENT, SECRETARY, TREASURER, shall be elected for a term of one year. Three DIRECTORS shall be elected for a term of three years each.

In the event of any officer not being able to perform any duties pertaining to his office, each following officer will perform the duties of the next highest office until the next ANNUAL CONVENTION.

The candidates for President, First Vice-President, Second Vice-President, Third Vice-President, Secretary, Treasurer receiving a majority of votes cast shall be declared elected to their respective office.

The three candidates of Directors receiving the largest number of votes cast shall be elected as Directors.

ARTICLE V.

The PAST PRESIDENTS shall constitute a permanent group to be known as the ADVISORY COMMITTEE.

ARTICLE VI.

This Association shall consist of ACTIVE MEMBERS, ASSOCIATE MEMBERS and HONORARY MEMBERS.

ARTICLE VII.

Twenty-five members (ACTIVE) shall constitute a quorum for the transaction of business.

ARTICLE VIII.

Every proposition to alter or amend this constitution must be formally submitted in writing to the membership and the Secretary must notify each member in writing at least thirty days prior to action thereon.

A two-thirds vote of the ACTIVE MEMBERS present is necessary for adoption at the next regular business meeting.

ARTICLE IX.

The By-Laws may be suspended at any regular meeting of the Association by a unanimous vote of the members present. Amendments to the By-Laws may be proposed by public announcement at any regular meeting. They must be presented in writing at that meeting and voted on at the NEXT regular meeting and will be accepted or rejected by a two-thirds vote of the ACTIVE members present.

ARTICLE X.

HONORARY PRESIDENT

To be elected at Annual Meeting for a term of one year.

BY-LAWS

SECTION I.

Duties of Officers and Committees

PRESIDENT—It shall be the duties of the President to preside at all meetings of the Association and its Governing Body and to perform such other duties as ordinarily pertain to his office. He shall also call a meeting of the Chairmen of the various committees at least twice a year.

VICE-PRESIDENTS—In the absence of the President or his inability to act his duties shall devolve upon the Vice-Presidents in the order of their rank. The Vice-Presidents shall each be assigned with the responsibility to supervise the activities of the Committees assigned to them by the President.

SECRETARY—It shall be the duties of the Secretary to keep a record of all transactions of the Association and make a complete report, in writing, at the first regular business meeting following the Annual Convention.

TREASURER—It shall be the duties of the Treasurer to keep a record of finances of the Association and to deposit all funds in the name of the Association in a bank acceptable to the Governing Body and to make a complete report, in writing, at the first regular business meeting following the Annual Convention. Checks to be signed by the Treasurer but in his absence may be signed by, either the President or Secretary, whose signatures are on file with Depository.

GOVERNING BODY—This Body shall be charged with the transaction of all business not covered specifically by these By-Laws and shall hold meetings at the discretion of the President to transact any necessary business and to hear the detailed report of the Secretary and the Treasurer as to finances and membership.

SECTION II.

All officers shall assume the duties of the offices to which they are elected at the first regular business meeting following their election. At this meeting, the President shall appoint the following PRINCIPAL and STANDING committees (except AUDITING, NOMINATING and CONVENTION committees which shall be appointed at a meeting prior to the ANNUAL meeting and any others deemed necessary.

ATTENDANCE
CUSTODIAN
EMORY G. HELM MEMORIAL FUND
LUNCHEON
THE MARYLAND PHARMACIST
MEMBERSHIP
PROGRAM
PUBLICITY
WELFARE

SECTION III.

Duties of Principal and Standing Committees

Chairman of each Committee shall call a MEETING of his Committee members at least twice a year and shall submit a report to the President.

ATTENDANCE—It shall be the duties of this Committee to keep a record of and to promote attendance at all meetings.

CUSTODIAN—It shall be the duties of this Committee to see that an American Flag, the T.A.M.P.A. Banner and any equipment of the Association is available and displayed at all meetings and be protected at all times.

EMORY G. HELM MEMORIAL FUND—This Committee's responsibility will be to perpetuate the Emory G. Helm Memorial Fund and create the funds and administer them for Charitable purposes, in the memory of Emory G. Helm, who served this Association faithfully for a period of thirty years as Secretary-Treasurer.

LUNCHEON—This Committee shall arrange menus for all Meetings, shall sell tickets at the door and see that all present are being served.

THE MARYLAND PHARMACIST—It shall be the duties of this Committee to cooperate with the Editor of the Maryland Pharmacist in supplying information, news of interest, activities of the T.A.M.P.A. Such information to be in the hands of the M.P.A. Editor not later than Monday following the Saturday of the regular monthly Meeting.

MEMBERSHIP—This Committee shall thoroughly investigate the character and eligibility of all applicants.

PROGRAM—This Committee shall arrange all programs for all regular meetings.

PUBLICITY—It shall be the duties of this Committee to furnish news of our activities to the press or any other medium.

WELFARE—It shall be the duties of this Committee to call on the sick and the families of the deceased and make a report at each regular meeting and also render any assistance within the power of the Association.

Duties of Special Committees

ADVISARY—This Committee shall act at the request of the President.

AUDITING—This Committee shall consist of three Past Presidents whose duties it shall be to audit the books annually and submit a written report, at the Annual Meeting.

CONVENTION COMMITTEES—The Convention Committees shall be selected and function at the discretion of the President.

NOMINATING—This Committee shall consist of three immediate Past Presidents, whose duties it shall be to suggest a complete roster of officers to be elected at the ANNUAL Meeting. This roster to be presented when called for by the President. Additional nominations may be made from the floor.

SECTION VI.

Membership

Active membership in this Association shall be limited to men calling on or affiliated with the Drug Trade, who are acceptable to the Governing Body of the Association.

Application for membership shall be in writing on the prescribed form and endorsed by two ACTIVE members and accompanied by one year's dues.

All applications or names of prospective applicants shall be furnished to the Secretary, who shall submit the prospective member's name, firm represented, and length of time employed by said firm, to the Membership Committee. The Membership Committee will be responsible for verifying applicants eligibility and for further determining his qualifications. They shall submit their report to the Secretary. If a favorable report is received, the Secretary shall announce the name or names in his written communication to the membership for action at the next regular business meeting.

Upon acceptance by two-thirds vote of ACTIVE members present the person or persons whose name was acted upon shall be notified by the Secretary, in writing, of his election, and his name will be inscribed on the rolls of the Association.

This Association shall have the power to expel a member by a vote of two-thirds ACTIVE members present at a regular business meeting, providing a trial is held for conduct against the best interests of the Association, but no person shall be expelled until he has been notified of the charges against him and given opportunity to present his defense.

Associate Members

An Associate Member of this Association shall be a member who by reason of change of occupation shall cease to qualify in the opinion of the Governing Body, as an Active Member but who desires to remain in the Association for its social contact. He will pay the regular dues but may not vote.

Honorary Members

The Governing Body may nominate for Honorary Membership. Members who in their opinion have rendered such services to the Association as to deserve this recognition. All such nominations to be subject to election by a two-thirds vote of the membership present at a regular or Annual Meeting. Such membership to carry no voting privilege and also to be exempt from the annual dues.

Dues

The annual dues of the members of this Association shall be seven dollars and fifty cents ($7.50) and shall be payable in advance on January first, of each year, and shall be considered in arrears, if not paid by the time of the Annual Convention, and such members shall be automatically dropped from the rolls. New members joining the Association after September first. dues are paid for the following Year.

OFFICERS 1962
BALTIMORE METROPOLITAN PHARMACEUTICAL ASSOCIATION

Honorary President—CHESTER G. KOSAKOWSKI
President—JEROME J. CERMAK
First Vice President—AARON M. LIBOWITZ
Second Vice President—JOHN F. NEUTZE
Third Vice President—IRVING I. COHEN
Fourth Vice President—MARION R. CHODNICKI
Secretary—NATHAN I. GRUZ
Secretary Emeritus—MELVILLE STRASBURGER
Treasurer—CHARLES E. SPIGELMIRE
Treasurer Emeritus—FRANK L. BLACK

Executive Committee

Chairman—SAM A. GOLDSTEIN

JOSEPH U. DORSCH
DONALD O. FEDDER
WILLIAM Y. KITCHIN
JOSEPH L. OKRASINSKI

JACOB L. RICHMAN
JEROME A. STIFFMAN
MYER STOLER
A. FRANK TURNER

FRANCIS S. BALASSONE, Ex-Officio

CONSTITUTION AND BY-LAWS OF BALTIMORE METROPOLITAN PHARMACEUTICAL ASSOCIATION

AMENDED AND NAME CHANGED FROM BALTIMORE RETAIL DRUGGISTS ASSOCIATION ON DECEMBER 5, 1957.

ARTICLE I

MEMBERSHIP

SECTION 1. Membership in the Association shall be divided into four classes: ACTIVE MEMBERS, LIFE MEMBERS, HONORARY MEMBERS, and ASSOCIATE MEMBERS

(a) ACTIVE MEMBERS: All registered Pharmacists who are or were actively engaged in the practice of retail pharmacy in Metropolitan Baltimore as owners of retail drug stores, are eligible to become active members. Applications shall be made on the form prescribed by the Executive Committee and shall be approved by the vote of a majority of the Active Members present at regular annual meetings or in the interim, by a majority vote of the Executive Committee. None of the above qualifications shall change the status of any Active Member at this time.

(b) LIFE MEMBERS: Any Active Member who has paid dues for fifteen years, may pay the sum of $100.00 to the Treasurer and shall be a Life Member and shall be presented with an appropriate certificate by the President. Life Members shall have all the rights and privileges of Active Members, including the right to vote, but are not required to pay the annual dues, thereafter.

(c) HONORARY MEMBERS: Professional men, physicians, pharmacists, chemists, scientists and other persons of merit, not actively engaged in the practice of retail pharmacy, shall, upon the vote of 80% of the Executive Committee, be declared Honorary Members and shall be entitled to all the privileges of the other classes of members except the right to vote and to hold elective office. They shall not be required to pay annual dues.

(d) ASSOCIATE MEMBERS: Any Pharmacist or other person actively engaged in industries allied to the profession, who do not meet qualifications of Active Membership, may by paying such dues as determined by the Executive Committee be eligible to all rights and privileges of the Association, except to vote and hold office.

MEETINGS

SECTION 2. MEETINGS:

(a) ANNUAL MEETINGS: The annual meeting of the members for the election of officers and members of the Executive Committee of the Association and for the transaction of any other business that may be before the meeting shall be held in December of each year in the City of Baltimore at a time and place designated by the Executive Committee.

(b) SPECIAL MEETINGS: The Special Meetings of the members may be called by the President or a majority of the Executive Committee, upon five days written notice. Petitions requesting special meetings, signed by not less than twenty-five active members, addressed to the President, shall make it mandatory for such special meetings to be called.

SECTION 3. QUORUM: Twenty-five members who are entitled to vote shall constitute a quorum for the transaction of any business at any annual or special meeting.

ARTICLE II

EXECUTIVE COMMITTEE

SECTION 1. The property and affairs of the Association shall be managed by the Executive Committee consisting of fourteen members; the President, the four Vice-Presidents, the Chairman, (the immediate preceding President) and eight members at large. To the extend that the Corporation Laws of this State permit, the Executive Committee shall be the governing body of the Association and shall have, and be entitled to exercise, all the powers of the members. The Chairman and members at large of the Executive Committee shall be elected by ballot at the annual meeting of the Association, and shall hold office until their successors are elected and have qualified. In case of resignation, removal or death of any member of the Executive Committee, the vacancy shall be filled by the remaining members of the Executive Committee, and the new Committe member shall hold office until the election and qualification of his successor.

SECTION 2. The Executive Committee shall meet at such times and places as the Committee may determine. Special meetings of the Committee may be called at any time by the President or by a majority of the Committee.

SECTION 3. No member of the Executive Committee shall receive any compensation for his services as such.

SECTION 4. Six members of the Executive Committee shall constitute a quorum for the transaction of any business at any regular or special meeting of the Executive Committee, except as provided for in Article I, Section 1, paragraph (c).

ARTICLE III

OFFICERS

Section 1. The officers of the Association shall consist of a President, four Vice-Presidents, a Secretary and a Treasurer. Such officers shall be elected by the Active and Life Members at the regular annual meeting, and shall hold office for one year or until their successors are elected and qualified.

Section 2. The Executive Committee may, from time to time, appoint such other officers and agents with such powers and duties as the Committee may deem advisable.

Section 3. Any vacancy in any office shall be filled by majority vote of the Executive Committee.

Section 4. Any officer, or employee, may be removed at any time with cause by the affirmative vote of a majority of the Executive Committee or by any superior officer upon whom such power of removal may have been conferred by the Executive Committee, and such action shall be conclusive upon the officer or employee so removed.

Section 5. The officers shall perform such duties as may, from time to time, be designated by the Executive Committee.

ARTICLE IV

OFFICIAL SEAL

The official seal of the Association shall be inscribed thereon the name of the Corporation and the words "Incorporated 1958 Maryland."

ARTICLE V

FINANCIAL ADMINISTRATION

Section. 1.

(a) All checks or orders for payment of money shall be signed by such officer or officers as may, from time to time, be designated by the Executive Committee provided such papers be signed by the Treasurer, with the approval of the President or such other officer designated by the President.

(b) All other contracts, obligations and documents of all kinds shall be executed by the President, whose signature shall be witnessed by the Secretary, after approval shall first have been given by the Executive Committee and shall include such signature or signatures of other officers as may be required and designated by the Executive Committee.

Section 2. The fiscal year of the Association shall be the calendar year.

Section 3. All Active Members, in order to maintain their status as Active Members, are required to pay dues in the amount of $10.00 per year payable on January 1st of each year, in advance. Any Active Member who is in default in the payment of his annual dues for one year shall automatically cease to be an Active Member of the Association.

Section 4. The Secretary and Treasurer shall each receive a salary in such amount as the Executive Committee may determine, for his services.

Section 5. A full and true statement of the affairs of the Association shall be submitted at the annual meeting of the members, and filed within twenty days thereafter at the principal office of the Association.

ARTICLE VI

STANDING COMMITTEES

Section 1. The following standing committees shall be appointed annually by the President, and the President shall be a member ex-officio of all such committees:

1. Social Committee.
2. Pharmacy Committee
3. Building Committee
4. Publicity Committee
5. Membership Committee
6. Committee on Attendance and Arranging Meetings
7. Ethical Practices Committee
8. Committee on Professional and Public Relations
9. Civil Defense Committee
10. Legislative Committee
11. Prescription Survey Committee
12. Good and Welfare Committee
13. Auditing Committee

The Executive Committee may also appoint such other special Committees as it, from time to time, may deem necessary or advisable.

The number of members serving on standing and special committees and the duties and responsibilities of all committees shall be determined by the Executive Committee, and a report of all committees shall be submitted, in writing, at the annual meeting of members.

ARTICLE VII

AMENDMENTS

These By-Laws may be amended by the affirmative vote of two-thirds of the members in attendance, at any regular meeting of the members or a special meeting called for that purpose; provided that notice to members, in writing, of the proposed changes be given at least fifteen days before the meeting.

ARTICLE VIII

ORDER OF BUSINESS

The order of business at the annual meeting and special meetings, where appropriate, shall be as follows:

1. Call to order
2. Roll call
3. Reading of minutes of previous meeting
4. Reading of communications
5. Reports of officers and committees
6. Unfinished business
7. Election of members
8. New business, including election of officers and members at large of the Executive Committee; and
9. Adjournment.

REGISTERED PHARMACISTS IN MARYLAND

The following list of Registered Pharmacists is furnished by and with the authority of the Maryland Board of Pharmacy, and every care has been taken to make the list accurate in every detail. However, should any errors be noted, please notify the Secretary of the Maryland Board of Pharmacy, 301 West Preston Street, Baltimore, Maryland.

A

Aarons, Hillel R.
Aaronson, Alfred I.
Abarbanel, Judith
Aberbanel, Morton
Abelsky, Abraham
Abelson, Abraham A.
Abrahams, C. S.
Abrahams, N. H.
Abrams, Arthur M.
Abrams, Marvin H.
Abrams, Lawrence M.
Abrams, Rosalie G.
Abramson, Aaron
Abramson, Alfred
Abramson, Daniel J.
Abramowitz, Manuel
Abramowitz, Robt. N.
Aceto, Mario D. G.
Adams, James H.
Adamson, Robert W.
Adelson, Morton J.
Adkins, Robert T.
Agris, George Joseph
Albert, Ada Celeste
Albert, Irvin J.
Albrecht, Walter E.
Albrecht, William F.
Aldrich, Clayton B.
Aldrich, Darwin F.
Alessi, Alfred Henry
Alessi, Edward J.
Alexander, Horace L.
Alexander, Latimer B.
Alexander, Lydia B.
Alexander, T. W.
Alexander, Wm. A.
Allaband, Edgar R.
Allen, Anthony, III
Allen, Benjamin F.
Allen, E. B.
Allen, Claris M.
Allen, Lodell M. S.
Alliker, Morris J.
Alpern, Elwin H.
Alpert, Lawrence Jay
Amarant, Emil
Amass, Arnold Leroy
Amoia, Henry
Anders, W. Raymond
*Anderson, B. W.
Anderson, Chas. D.
Anderson, Chas. R.
Anderson, Don R.
Anderson, J. Erroll
Anderson, Solon Lee
Andrews, Marvin J.
Angster, Jerome
Angorn, Richard A.
Anoff, Bernard
Ansell, Max S.
Anshell, Marvin
Anstine, Clarence L.
Antal, Gyula
Anthony, Arthur F.
Anthony, John P.
Apitz, Fred W.
Appel, William J.
Applestein, Frank
Applestein, Harry A
Arapian, Ansel G.
Arch, Edward K.
Archambault, Paul J.
Archer, Fletcher W.
Archer, Theodore
Armstrong, Chas. L.
Aronson, Donald
Arrington, H. S.
Artigiani, Filiberto
Artsis, Morris
Asbill, J. Lewis
Ashbury, Howard E.
Ashby, James H.
Askey, Wilbur G.
Atlas, Harvey H.
Atwell, Daniel S., Jr.
August, Henry John
Aurslift, Carl
Austerlitz, John S.
Austraw, Geraldine L.
Austraw, H. H.
Austraw, Richard F.
Avedisian, Paramaz
Avent, T. E.
Avinger, Noel S.
Avis, James L.
Axelrod, Stuart
Ayd, John Joseph
Ayd, Joseph M.
Aytes, Chester Ray

B

Babst, Edward Ralph
Baer, Philip C.
Bachman, Fenton L.
Bachrach, M. E.
Baer, Adolph
Bahr, Raymond D.
Baier, John Cletus
Baikstis, Anda A.
Bailey, Grafton D. P.
Bailey, Halcom S.
Bailone, Wm. A., Jr.
Bair, Schafer B.
Bakas, James A.
Baker, Daniel S.
Baker, G. F.
Baker, Harley E.
Baker, Israel
Baker, J. Elmer
Baker, William
Balassone, Francis S.
Balcerak, Eugene P.
Balcerzak, A. E.
Baldwin, G. Mitchell
Baldwin, James S.
Balje, Richard A.
Balliet, Woods D.
Balmert, Clemens A.
Balotin, Louis Leon
Baltz, George E.
Bambrick, Vincent C.
Bank, Albert
Bankard, Jesse C.
Barbacoff, Alec
Barcus, Glenn W.
Barke, Daniel S.
Barke, Sheldon Saul
Barker, C. W.
Barlow, Sara A. LeV.
Barlow, Robert J.
Barnes, Attison L., Jr.
Barnes, Forrest P.
Barnett, Edward J.
Barnett, Ruth Ella
Barnett, William M.
Barnett, W. P.
Barnstein, Fred S.
Barnum, Charles W.
Barone, James A.
Baroti, Ethel
Barrett, A. G.

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*Deceased

Barrett, Harvey W.
Barrett, Henry H.
Barrett, Sister Agatha
Barrett, William H.
Barrie, Louis C.
Barron, Frank R.
Barry, Wilbur Ford
Barshack, Irwin S.
Barshack, Jack
Barsky, Samuel
Bartlett, Fitz James
Barton, Cynthia LaL.
Bartoshesky, Louis H.
Basik, Harvey E.
Bass, Benjamin
Bass, Harry
Bassett, Irving A.
Bastable, Edward J.
Batalion, Abraham L.
Batchison, Joseph C.
Batdorf, John B.
Batease, John Charles
Batie, A. Lester
Bauer, John C.
Bayer, George
Baylis, Richard D.
Baylus, Meyer Milby
Baylus, Joseph
Beal, Agnes A. K.
Beall, Clara
Beall, R. B.
*Beall, W. W.
Beam, John H.
Beam, Merlin A.
Beatty, Annie K.
Beatty, Charles E.
Beck, Herbert
Beck, John G.
Beck, Samuel D.
Becker, John Wilbert
Becker, Louis
Becker, Stanley L.
Beckley, J. Harry
Bectem, C. H.
Beer, Donald Richard
Behrman, Bernard F.
Beistle, Mathew J.
Beitler, Ben
Beitler, Leonard
Belbot, Emma N.
Belford, Joseph
Belford, Stanley H.
Bell, Abraham P.
Bell, David W., Jr.
Bell, Frank Kelly
Bell, L. J.
Bell, Raymond M.
Bell, William R., Jr.
Beller, John R.
Bellerman, L. A.
Bellis, Walter S.
Bellman, Frank A.
Belt, James F.
Bender, Maurice
Benfer, Benjamin D.
Benkovic, George J.
Bennett, C. W., Jr.
Bennett, Howard S.
Bennett, Lester Leroy
Bensel, Robert John
Benson, Charles M.
Bentheme, James A.
Benton, Luther B.
Bentz, William A.
Bercovici, Bernard S.
Bercovitz, Leon J.
Berger, Abraham A.
Berger, Alan Burton
Berger, Charles J., Jr.
Berger, George W.
Berger, Jerome Alvin
Bergeron, Paul R., II
Bergner, Samuel W.
Bergstein, Robert S.
Berkowich, Melvin I.
Berman, Abraham S.
Berman, Frederic T.
Berman, Gilbert S.
Berman, Maurice J.
Berman, Mitchell
Bernabo, Albert C.
Bernard, Charles V.
Bernardini, Jose R.
Bernas, Albert Earl
Berngartt, Elmar B.
Bernhardt, Henry
Bernhardt, William
Bernstein, Alvin S.
Bernstein, Stanley
Berkowitz, Samuel
Berlanstein, Joseph
Berlin, Alvin
Berlin, Jerome
Bernstein, Edwin E.
Bernstein, Joseph C.
Bernstein, Nathan
Bernstein, Stanley
Berry, M. B.
Berry, Robert Alden
Berry, Robert Earl
Berry, Robert M., Jr.
Berryman, C. H.
Berson, Seymour A.
Bettigole, Philip
Betts, A. Parran
Beyer, Jane
Beyer, Robert Ernest
Bialek, Samuel M.
Bialek, Ted
Bickle, John C.
Bickel, Louis M.
Biggs, John Gregory
Billian, Bernard
Bilodeau, John R.
Bierley, Roy Murray
Binau, A. M.
Binok, Edw. J.
Binstock, Albert
Bishop, Davis N.
Bitner, Glen R
Bixler, Richard S.
Black, Frank Linton
Blaine, Edw. I., Jr.
Blair, Ralph Diener
Blake, Andrew B.
Blank, Mary Ellen McGinn
Blankman, Albert J.
Blanquitte, Louis E.
Blatt, Harry F.
Blatt, Thomas H.
Blattstein, Flora
Blechman, Charles
Bleu, Barnett T.
Blitz, Louis
Bloch, Donald E.
Block, Frank
Block, Jerome
Block, John Fred.
Block, Lawrence Yale
Block, Ronald Lee
Block, Samuel
Bloom, Eli H.
Blough, Myron Earl
Blue, Barbara M.
Blum, Abraham
Blum, Joseph Sydney
Blum, M. B.
Blumberg, Eli T.
Blumson, Samuel S.
Bobbitt, Alex M.
Boden, Edwin
Boeder, Leo
Boellner, Otto K., Jr.
Boeren, John Gilbert
Boessel, Martin E.
Bogash, Philip
Boggan, Robt. F.
Boggs, Dorothy Jane
Bogen, Ellis B.
Boisfeuillet, Frank S.
Bomstein, Solomon
Bonanno, Placido A.
Bondareff, Erwin A.
Bookoff, Morris
Boone, John W. H.
Booth, Wm. H.
Borcherding, Wm. H.
Borenstein, Jack B.

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*Deceased

Borgatti, Richard J.
Borland, Hugh Kelly
Bortnick, Morris H.
Bosch, Charlotte T.
Bosch, Noel J.
Bosserman, Charles
Bossle, Paul Courtney
Bourne, Benjamin P.
Bower, Edwin L.
Bower, Martin R.
Bowers, Wm. W.
Bowen, Curtis A.
Bowie, Allen H.
Bowles, Adam J.
Bowman, A. E.
Boyd, Carville B.
Boyd, George W. F.
Boyd, Patricia G.
Boyd, Wm. Merton
Boyer, Gary H.
Boyer, Ralph Lewis
Bozman, Kenneth B.
Braden, Walter Buel
Braden, Wayne Ansel
Bradford, J. Henry
Bradford, Melville L.
Bradley, Frank H.
Bradley, Theron R.
Bradstock, Alden, Jr.
Brady, Robert Wilson
Bragonier, James
Brager, Stanley S.
Brager, Stuart H.
Brahen, Leonard S.
Brambaugh, Benj. B.
Bramble, Henry S.
Brannon, Wilson Lee
*Bransky, Jos. M.
Brant, Robert E.
Brashears, Charles L.
Bratten, Blanche R.
Bratten, E. H.
Braude, Monique C.
Brault, Paul Robert
Braunstein, I. M.
Bray, Edmond H.
Bray, William M.
Brazius, Joseph V.
Brenner, Joseph
Brenton, Walter
Breslin, Frederick W.
Bress, Jerrold F.
Bretler, Herman B.
Brickman, Hilliard
Bridges, William S.
Briele, Henry A.
Briggs, P. M.
Brickman, Allen G.

Brill, Maurice Erwin
Brill, Michael M.
Brilliant, Alan Wolf
Bringenberg, John G.
Brining, Benton
Brink, Joseph Wm.
Brinkley, Guy O.
Brinkmann, Fred E.
Brinsfield, Jay Royce
Brinsfield, Wm. S.
Briody, Elizabeth M.
Bristow, Wm. Brooks
Britcher, Frank N.
Broadbelt, J. Edw
Brocani, Francis J
Brodie, Stanley Alan
Brodsky, E. M.
Brodt, Dan Pendelton
Broe, James A.
Bronstein, Miriam S.
Bronstein, Myer
Brooks, Florence G.
Brooks, George R.
Brooks, Jean Louise
Brooks, Louis
Brooks, Robert A.
Browdy, Emanuel
Brown, Chas. Wesley
Brown, David N.
Brown, Douglas W.
Brown, Harry James
Brown, Harold K.
Brown, Joseph K.
Brown, J. W.
Brown, Laroy P.
Brown, Lewis L., Jr.
Brown, Sidney J.
Brown, Samuel
Brown, Thomas C.
Brownstein, H. S.
Brownstein, Milton J.
Brune, Richard C.
Brunner, George L.
Brunier, George F.
Brunnett, William L.
Brunson, Gerald N.
Bryan, Carroll L.
Bryan, Ralph H.
Budacz, Frank M.
Budacz, P. Thomas
Buchanan, G. Hayes
Buck, Robert L.
Buckman, Frank W.
Bulger, Willard Lane
Buongiorno, Ernest
Buppert, Hobart C.
Burgee, Sydney L., Jr.
Burgess, Samuel
Burgess, Ella N.

Burka, Leon H.
Burke, George J.
Burke, John V.
Burke, Lawrence A.
Burkhart, V. deP.
Burkholder, Ralph E.
Burnett, Benjamin E.
Burns, Herbert J., Jr.
Burns, Freida H.
Burros, Stanton
Burrows, Roscoe T.
Burrows, Dudley A.
Burriss, Morris
Burton, Ed. Thomas
Buschman, W. G.
Butler, F. J.
Butler, Henry Milton
Butler, J. E.
Butler, Maybelle L.
Butler, Richord A.
Butsch, John L.
Butt, Frederick D.
*Buxton, G. F.
Byers, M. L.
Byron, Joseph J.

C

Cahn, Albert M.
Caldwell, Eben S.
Caldwell, John R.
Caldwell, Lee A.
Call, Tracey Gillette
Callan, H.
Calmen, Elmon H.
Cameron, Simon H.H.
Campbell, Thomas W.
Campbell, Wm. D.
Cannon, William N.
Cansey, Henry D.
Caplan, Bernard S.
Caplan, Carl Michael
Caplan, Clarence C.
Caplan, Clarice
Caplan, Milton
Caplan, Robert M.
Carlson, David R.
Carlson, Joe Mark
Carofano, Edward
Card, Nathan C.
Careney, Wm. F.
Carey, Alford R.
Carey, L. B.
Carleton, Henry L.
Carlin, Henry P.
Carmel, Harry Louis
Carmel, Joseph
Carnevale, Joseph A.
Carney, Harry G.

*Deceased

Carouge, Gilbert M.
Carouge, Wm., Jr.
Carr, Chas. Jelleff
Carroll, J. M.
Carson, James O.
Carson, William C.
Carter, Paul M.
Carter, Russell E.
Carton, Frieda
Caruso, Ugo F.
Carver, Dorothy Kent
Carver, Renzo S., Jr.
Casey, John Joseph
Casey, Patrick H.
Cassidy, Elizabeth C.
Catlett, Ollie Edwin
Catterton, Edward L.
Cauffman, Edwin C.
Cavacos, Andrew T.
Cavallaro, Joseph W.
Ceccorulli, Donald J.
Celler, Maximilian
Celozzi, Matthew J.
Cermak, Bertha M.
Cermak, Jerome J.
Chack, Eli S.
Chack, Morton S.
Chagnon, Charles E.
Chaiet, Melvin
Chalfont, Eugene E.
Chalk, James A., Sr.
Chan, Pearl
Chance, Albert A.
Chandler, N. W.
Chandler, W. Willard
Chankin, Norman
Chapman, C. B.
Chatlin, Gerald M.
Chatkin, Robert
Chatkin, William C.
Chavous, Clarence N.
Checcone, Gene L.
Cherepow, John A.
Cherney, Louis
Cherricks, Robt. V.
Cherry, Bernard
Chertkof, Freida
Chertkoff, Marvin J.
Cheslow, Nathan L.
Chick, Stephen
Chidester, Clay C.
Chilcoat, George O.
Chilton, Monroe Ira
Chipley, Albert Lee
Chipley, C. E.
Chodnicki, Marion R.
Chow, Jean
Christopher, Joseph

Chupnick, David
Chyatte, Eli Isaac
Cimino, Edward R.
Citrenbaum, B. F.
Citrenbaum, Lewis A.
Citrenbaum, Morris
Claire, S. S.
Claney, William J.
Clapp, Clarence
Clark, Frank Black
Clark, William A.
Clarke, David C.
Clarke, Sister Mary Carmel
Clarke, Thomas, Jr.
Clay, William H.
Claybaugh, Springer
Clayman, David S.
Clayman, Jerome H.
Clayton, Guy W.
Clements, Francis J.
Clements, John Wm.
Clerget, Lyle L.
Cline, Harvey E.
Clinger, William T.
Clyman, Sidney Gary
Coakley, Andrew J.
Cobots, Jeanette
Cockey, Charles
Codd, Francis I.
Coffman, Chas. W.
Cohan, Nath. Tolbert
Cohen, Abraham N.
Cohen, Allan Ira
Cohen, Archie R.
Cohen, Arthur S.
Cohen, Benjamin
Cohen, Bernard C.
Cohen, Bernard I.
Cohen, Bernard J.
Cohen, Estelle G.
Cohen, Gerald Ivan
Cohen, Gilbert
Cohen, Harry C.
Cohen, Harry I.
Cohen, Harry J.
Cohen, Harvey
Cohen, Hershel
Cohen, Irvin J.
Cohen, Irving
Cohen, Irving Isadore
Cohen, Isador M.
Cohen, Isidore
Cohen, Jack Ronald
Cohen, Jacob
Cohen, Joseph
Cohen, Joseph W.
Cohen, Jules
Cohen, Lawrence J.

Cohen, Louis James
Cohen, Maurice D.
Cohen, Max Hurston
Cohen, Morton B.
Cohen, Philip
Cohen, Ronald A.
Cohen, Samuel
Cohen, Samuel
Cohen, Samuel C.
Cohen, Samuel H.
Cohen, Stanley
*Cohn, Alexander
Cohn, Edward
Cohn, Melvin
Cohn, Nathan
Colbert, Alberta C.
Colborn, Geo. W., Jr.
Colclough, John J.
Cole, B. Olive
Cole, S. Charles
Coleman, Mary Ann
Coleman, Sister Geraldine
Coleberg, Carl L.
Coleman, W. S. E.
Collier, George R.
Collier, Levin D.
Collier, Levin D., Jr.
Collins, C. W.
Collins, Clarence E.
Collins, Ernest W.
Collins, Hugh Fenton
Collins, Leo Joseph
Colston, Richard J.
Colucci, Nicholas Jos.
Colvin, Ralph
Combs, Joseph L., Jr.
Comegys, N.
Comer, Bernard V.
Conklin, Nancy C.
Connelly, Mary W.
Conner, Ashley P.
Connor, Edwin A.
Connor, William J.
Conrad, Marlene E.
Conradi, L. E.
Conroy, T. L.
Conway, George W.
Constantine, Chris G.
Contarsy, Simon
Cook, Frank E.
Cook, Herbert Clark
Cooley, William A.
Coombs, William D.
Cooper, Abraham S.
Cooper, H. H., Jr.
Cooper, Harold L.
*Cooper, Howard E.
Cooper, James

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*Deceased

Cooper, June Craven
Cooper, Morris L.
Cooper, Samuel J.
Copeland, Harry T.
Cooper, Nathan N.
Coplin, Louis I.
Corbin, L. Carroll
*Corbin, Howard
Corbin, James L.
Corkle, Donald B.
Corn, Charles
Cornblatt, Edmond A.
Cornell, Fred. B., Jr.
Corrick, Lester S.
Cotlin, Joseph A.
Cottel, Joyce Adair
Cotter, Charles J.
Cousins, Walter H.
Covington, George W.
Cox, George T., Jr.
Cox, Percy P.
Cragg, James P., Jr.
Craig, B. H.
Craig, Charles P.
Craig, L. B.
Cramer, Robert D.
Crane, Frank T.
Crane, Richard R.
Creamer, John J.
Creswell, Lee D.
Crispens, Gordon M.
Crispens, Warren E.
Crocamo, Ralph J.
Crofton, Wilbur E.
Cronehardt, J. C.
Cross, John Milton
Crouse, James Earl
Crovetto, Felix R.
Crowell, Thomas A.
Crunkleton, Chas. L.
Crystal, Howard
Cummings, Maurice
Cunzeman, John LeR., Jr.
Currey, Tracey A.
Currier, Calona Dail
Curtis, Alfred Duane
Custis, Daniel P.
Custis, Harry J., Jr.
Cwalina, Gustav E.
Cwynar, Frank F., Jr.
Czapiewski, Eugene
Czekaj, Leo M.

D

D'Adamo, Pasquale J.
Dagold, Donald J.

Daily, Louis J. E.
Daily, Martin A.
Daley, Wm. J., Jr.
Dalgarn, Ira N.
Dalinsky, Harry A.
Dalton, John F.
Damasiewicz, W. Jr.
Damazo, Herbert S.
Damico, Samuel
Dammeyer, C. F. W.
Dannettel, Frank E.
Danoff, Abe
Danoff, Jerome Allen
Danziger, David Gerd
Darlington, R. G.
Daubon, Ramon L.
David, Alphonse S.
David, Irvin
Davidov, Arnold Lee
Davidov, Benjamin
Davidov, Hyman
Davidov, Louis
Davidov, Samuel
Davidov, Vivian S.
Davidson, Meyer
Davidson, Saul David
Davies, Burton T.
Davies, Donald W.
Davies, Joseph Wm.
Davis, Adam, Jr.
Davis, Alfred L.
Davis, Edwin B.
Davis, Eugene H.
Davis, George A., Jr.
Davis, J. Edward
Davis, Joel Samuel
Davis, Lee H.
Davis, Louis D.
Davis, Paul E., Jr.
Davis, Rebecca H.
*Davis, S. S.
Davis, Samuel
Davis, Sydney V.
Davis, William B.
Dawes, Thorpe T.
Dawson, George R.
Dawson, Harold M.
Dawson, Leroy O.
Dawson, Thomas C.
Day, Harold Lewis
Dayton, LeRoy E.
D'Ambrosio, J. E.
Dean, Cloyd Chas.
Deans, John
Debnam, George R.
DeBoy, John Michael
Debus, Albert
Decker, Allan Irwin
Dechter, Gerald Y.

Deems, John T., Jr.
DeGele, George Oscar
Deitch, Erwin
DeJulio, Luigi
Delcher, C. Rodgers
Delgado, Frank A.
Del Vecchio, Frank
Demarest, Dudley A.
Dembeck, Bern., Jr.
Dembeck, Walter D.
Dembiec, Walter J.
Dembo, Julius L.
Deming, Martin E.
DeMino, Leonard J.
Denhard, Frederick
Denhard, Fred
Denison, Macel M.
Denny, Lucy J.
Dent, F. J.
DeReeves, A. Eugene
Derickson, L. L., Jr.
DeRoca, Salvatore J.
Derr, Samuel
Derry, Harold T.
Deutschman, B. H.
Devan, William
Dewing, Arthur A.M.
Dezenhall, Mervin B.
Diamond, Frank
Diamond, Louis
Dickerson, Enoch W.
Dickinson, E. Newton
Dickinson, James M.
Dickinson, Harvey J.
Dickinson, James A.
Dickinson, William B.
Dickman, Arnold L.
Dickman, Hyman
Dickman, L. H.
Dickson, I. C.
Dickstein, Benjamin
Diener, Nelson G.
Diener, Samuel
Dietel, Hermon, Jr.
Dietrich, F. A.
Diering, W. L.
Dietrich, Jos. Wm.
Dichter, Jack C.
DiGiovine, John J.
DiGristine, Mary R.
Dinges, Frank C., Jr.
DiPaula, Vincent R.
Dittrich, Theodore T.
Dittus, Richard H.
Doane, Allan H.
Dobropolski, A. J.
Dobrowolskyj, Myron
Dobson, H. Clay, Jr.
Dodd, Wm. Anthony

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*Deceased

Dodson, C. M.
Dodson, Garland C.
Dolejs, Gerald T.
Dolgin, Daniel
Domsky, Bessie
Donahoe, Walter J. A.
Donaldson, John E.
Donato, Vincent F.
Donnet, John
Donohue, Frank J.
Dorcas, Ramona S.
Doren, Gerald S.
Dorfman, Joseph Sol
Dorsch, Joseph U.
Dorsey, Frank
Dosch, Philip Paul
Doty, Elmer C.
Doty, Willard A.
Dou, A. M.
Doughrety, John H., Jr.
Dougherty, Leon P.
Douglas, J. Edward
Douglass, Dolores Z.
Dow, Harry
Downes, C. E.
Downs, Grant, Jr.
Downes, Samuel B.
Downey, Fred. W.
Downs, B. E.
Downs, C. D.
Doyle, John P.
Drabnis, A. J., Jr.
Drapkin, Leon I.
Drennen, James H.
Driskill, R. Hayes
Drukman, Herman B.
Dudley, F. E., Jr.
Dreizen, Sidney
Dreyer, Frederick, Jr.
Driscoll, Raymond F.
Dubner, Hillel
DuBois, Norman
Duda, Walter J.
Dudley, Helen S.
Dudley, N. S.
Dudley, S. C.
Duffey, Roger Wm.
Duffy, Arthur L.
Duffy, William T.
Dugan, Frederick P.
Dugan, Walter C.
Dukes, L. Reyner
Dull, Joseph E.
DuGoff, Albert M.
Dunbar, Ruth
Duncan, Chester A.
Dunehew, Glenn Dale
Dunkel, Lawrence
Dunker, Melvin F.W.
Dunn, Charles G.
*Dunning, H. A. B.
Dunning, James W.
Durding, Anna T.
Durding, B. T.
Durding, I. B.
Durm, Noel Elton
Dvorak, Geo. James
Dyott, William H.

E

Eagle, Philip T.
Eakle, Roy S.
Earhart, J. H. F.
Earle, Franklin W.
Eason, Frederick B.
Easton, James O., Jr.
Eaton, Robert Arthur
Eberhardt, L. G.
Eckhardt, Henry
Edelen, James Adrian
Edell, Marvin L.
Edelstein, J. Horace
Edenfield, Charles H.
Edlavitch, Sam
Edmonds, Edmund H.
Edmunds, Irland
Edwards, James D.
Edwards, Paul H.
Edwards, Victor R.
Edwards, William F.
Edwards, W. K.
Edwards, Stanley E.
Efros, Ida
Eger, W. M.
Ehudin, Herbert
Eichberg, Daniel M.
Eichelberger, H. L.
Eichelberger, M. F.
Eidelman, Nathan
Einbinder, Sylvan P.
Eise, Arthur H.
Eisen, Martin D.
Eisenberg, Edwin F.
Eisenberg, Harry H.
Eisenberg, Louis
Eisentrout, H. G., Jr.
Eisman, Morris J.
*Elderdice, W. J.
Eldredge, William P.
Eldridge, Warren P.
Elgin, Arthur G.
Elizondo, Cesar M.
Ellerin, Albert A.
Elliott, Mrs. C. V.
Elliott, Donald B., Jr.
Elliott, Paul Prag
Elliott, T. C.
Ellis, Lawrence Cash
Elsberg, Milton L.
Elwyn, Harold M.
Emery, Roy Fred
Emison, James Mack
Emory, Thomas B.
Endo, Kikuo R.
Engberg, John Jos.
Engel, Ralph
Englander, C. W.
Enten, Harry
Enterline, Jo Anne S.
Epley, William
Epstein, Arnold
Epstein, Irwin B.
Ernst, Myrle P.
Ervin, J. Dallas
Eshleman, Joseph M.
Essers, C. W. A.
Estwick, Bertram M.
Esslinger, Edward C.
Esslinger, Edwin W.
Essinger, Robert R.
Esterson, Neil Earl
Etchinson, Garrett W
Etzler, S. Alvin
Etzler, Edward A.
Eubanks, John V.
Evald, Gunnar N. G.
Evans, Frank Barton
Evans, W. J.
Evans, W. Roland
Evans, M. J.
Ewell, A. Webster
Ewell, O. B. B.
Exler, Samuel H.
Eybs, Earl Francis
Eyler, Maurice E.

F

Fadgen, Michael J.
Fahrney, Frederick W.
Fahrney, G. Fred
Fainberg, Alvin Jay
Fainberg, Edward
Fairey, Edison A.
Falck, James Stanley
Farrow, Charles K.
*Farrow, J. Harry
Faulkner, Ellis E.
Fauss, Albert L., Jr.
Fazenbaker, Ed. A.
Fearer, William H.
Fedder, Donald O.
Fedder, Eli
Federman, John J.

*Deceased

Federman, R. H.
Fee, George Thomas
Fee, John Samuel
Fehler, Alfred
Fehsenfeld, H. W.
Feingold, Charles
Feinstein, Bernard S.
Feinstein, Isadore
Feit, Leon
Feldman, Charles W.
Feldman, David
Feldman, Edward
Feldman, Herbert
Feldman, Jack
Feldman, Leon H.
Feldman, Milton
Feldman, Milton H
Feldman, Morris
Feldstein, Benjamin
Felicetti, Dominic
Felsenberg, S. Z.
Felts, Robert L.
Fennell, Theresa I.
Fenton, Paul T., Jr.
Feret, Julius W.
Ferguson, F. P.
Ferguson, Lebrow W.
Feroli, Ernest Robert
Ferrante, D. A.
Fernsner, L. G.
Ferrin, Victor W.
Fertick, Albert A.
Fibus, David
Fields, Thomas E. R
Fields, W. C.
Fiery, Frank P.
Fiery, Max J.
Fine, Ann Sue B.
Fine, Jerome L.
Fine, Morris A.
Fineman, Bill L.
Fineman, Hyman
Fineman, Jerome
Fingerhut, Harold I.
Fink, Ellwood
Fink, Francis T.
Fink, Irvin
Fink, James A.
Finkelstein, Karl H.
Finn, William James
Finney, Harriet Bell
Firnbacher, Fred S.
Fischer, I. M., Jr.
Fischer, E. Hamilton
Fishbein, William
Fisher, Arthur
Fisher, Delphia F. Jr.
Fisher, Donald V.
Fisher, Edward H.
Fisher, Joel N.
Fisher, Michael A.
Fisher, O. H.
Fisher, Philip E.
Fisher, William G.
Fishman, Alan D.
Fitez, George R.
Fitzgerald, John L.
Fitzsimmons, M. J.
Fitzsimmons, Sister Agnes
Flanagan, Robert M.
*Flayhart, Walter F.
Fleckenstein, Paul A.
Fleisher, Harry
Flescher, Julius
Fletcher, J. Paul
Flom, Carl Joseph
Flom, Charles
Flom, Sidney Herbert
Floyd, Melvin L.
Foer, Raymond
Foer, Robert
Foerster, Fred
Fogg, Frank Emil
Folckemmer, C. W.
Foley, Wm. Thomas
Foley, William T., Jr.
Folus, Irvin H.
Fonke, F. W.
Ford, Robert Stewart
Ford, Samuel W.
Forien, William F.
Forman, Leonard Q.
Forman, Robert R.
Forrest, Charles W.
Forsyth, Allan R.
*Forsyth, Jas. H. Jr.
Forsythe, Dr. Hugh
Foss, Noel Elmer
Foster, Carroll P.
Foster, Russel C.
Fouch, Marshal S.
Fountain, Bernard L.
Fountain, Harold J.
Foust, John C.
Fowler, Esther Ellen
Fowler, Ruth Marie
Fowler, Thomas J.
Fox, Abraham
Fox, Chester David
Fox, Marshall H.
Fox, Samuel
Fox, Samuel L.
Fox, Will N.
Foxman, Marvin Jay
Fraase, Erwin E.
Frailey, William A.
Frame, Tom L.
Frames, John H.
Frampton, L. N.
Francik, Joseph
Frank, Milton M.
Frankle, Harold N.
Franklin, Eugene H.
Franklin, I. Y.
Franks, Dolores
Franzone, Francis
Franzoni, F. R. Jr.
Fraser, Stanley F.
*Frazer, Robert B.
Frazier, L. G.
Freed, Israel
Freed, Mayer N.
Freedenberg, Gerald Norman
Freedenberg, Marvin
Freedman, Leonard
Freedom, A. G.
Freedman, Albert
Freedman, Hannah
*Freedman, Max
Freeman, Emanuel G.
Freeman, Joseph S.
Freeman, Maysville J.
Freeman, W. Perry
Freeman, W. St. J.
Freidson, Morris
Freiman, Paul
Freiman, Joseph
Freitag, H. Homer
*French, Wm. Henry
Frey, Lewis Leslie
Fribush, Robert
*Fribush, Sidney
Fried, Burton
Friedlander, Paul M.
Friedlander, S. A.
Friedmann, Aaron J.
Friedman, Albert
Friedman, Albert J.
Friedman, Arnold M.
Friedman, Charles S.
Friedman, Gilbert I.
Friedman, Herbert
Friedman, Howard
Friedman, Irvin
Friedman, H. M.
Friedman, Jerome S.
Friedman, Julian M.
Friedman, Louis J.
Friedman, Marvin A.
Friedman, Melvin
Friedman, Milton A.
Friedman, Nathan
Friedman, Nathan J.
Friedman, Samuel L.
Friedman, Saul B.
Friedman, Sheldon

*Deceased

Frierson, Ethan O.
Frieman, Jack
Friesen, Irvin A.
Frishberg, Kenneth
Frishman, Samuel E.
Frohman, Isaac
Frontera, Victoria R.
Frye, Wordley D.
Fuld, Manes E.
Full, David E., Sr.
Fuller, Albert Irwin
Fulmer, Verne R.
Fulton, David H.
Furbee, Arza
Futeral, Nathaniel
Futrovsky, Charles

G

Gaber, Jerome
Gaboff, Benjamin
Gadol, Ellis
Gaetz, Edward F.
Gagne, Joseph
Gagnon, Henry J., Jr.
Gagnon, Lester R.
Gaine, Jerome
Gakenheimer, Albert C.
Gakenheimer, H. E.
Gakenheimer, W. C.
Gallagher, Chas. T.
Galloway, Louis E.
Galley, Roland P.
Galperin, Irving O.
Galt, Jennie E.
Gann, Jack
*Ganter, Chas. J. H.
Garache, Joseph J.
Garden J. Harry
Gardner, C. W.
Gardner, Michael F.
Gardnier, Robert H.
Garfinkel, Meyer
Garner, Elliott Quinn
Garner, Sister Mary Florence
Garrison, Frederic
Garrott, E. Mortimer
Gaskin, Patricia H.
Gass, Chas. B.
Gates, Earl A.
Gaver, Herman S.
Gaver, Paul G.
Gaver, Paul G., Jr.
Gawthrop, Alfred J.
Gavlinski, John E.
Gazda, John Joseph

Gearhart, James H.
Geber, Isidor J.
Geesey, Alton Luther
Gehring, Otto
Geiger, Edward B.
Geiger, George B.
Geist, Gene N.
Gelb, Edward
Gelblum, Samuel
Gellman, Murry
Gellman, Paul
Gelman, Martin S.
Gelrud, Jack
Gendason, Harry B.
Geoghegan, J. R., Jr.
George, Theodore
Geraghty, James T.
Gerber, David
Gergel, Stella F.
Gerlach, Alexander
German, J. W.
Gerstein, Charles
Geser, Alvin N.
Getka, Joseph F.
Getka, Milton S.
Gettleman, Harry
Giampietro, Vincent
Giannetto, Paul
Gibb, Thomas Edw.
Gibbs, Hiram H.
Gibbs, Jocelyn L.
Giffen, Robert C.
Gilbert, Theodore
Gilbertson, K. G.
Gildea, William J.
Giles, Emily Julia
Gilkeson, J. G.
Giller, Morris
Gillespir, Julian M.
Gilliece, Owen J.
Ginaitis, A. S.
Ginsberg, Samuel H.
Ginsberg, Benjamin
Ginsburg, B. H.
Ginsburg, Harry
Gissel, Elmer Andrew
Gitomer, Betty
Gitomer, David J.
Gitomer, Louis
Gittleson, Ralph L.
Gladstone, Charles F.
Glaeser, Henry J., Jr.
Glantz, Frank A.
Glascock, Arthur B.
Glaser, Abraham E.
Glaser, Louis Lester
Glashofer, Sidney
Glass, Abraham L.
Glass, Julius Albert

Glass, Larry Paul
Glass, Louis J.
Glassband, Herman
Glassner, Frank
Gleiman, Irvin J.
Gleiman, Theodore
Glenn, William A.
Glenn, Matthew
Glennan, Harry E.
Glick, Harry
Glick Henry Joseph
Glickman, Shirley M.
Glissmeyer, M H.
Glover, Douglas
Glover, Douglas D.
Gluck, Julius
Gluckstern, W. H.
Glushakow, Jacob
Goashgarian, Karekin
Goden, Stanley
Godfrey, John
Goldberg, Irving
Goldberg, Jack
Goldberg, Leonard
Goldberg, Marvin B.
Goldberg, Marvin H.
Goldberg, Alvin
Goldberg, Milton
Goldberg, Harry Joel
Goldberg, Samuel S.
Goldberg, Stanley L.
Goldberg, Victor
Golden, Leon E.
Goldfeder, Harold M.
Golditch, Henry M.
Goldin, Harold H.
Goldstein, Edward
Goldman. Abram
Goldman, Benjamin
Goldman, Harold K.
Goldman, Louis C.
Goldman, Sue C.
Goldner, Ronald
Goldsmith, A. R.
Goldsmith, Chester L.
Goldsmith, Fred E.
Goldsmith, Meyer
Goldstein, Albert
Goldstein, Burton J.
Goldstein, Eileen F.
Goldstein, Edward
Goldstein, Harold S.
Goldstein, Hyman
Goldstein, Isadore A.
Goldstein. Jack
Goldstein, Leon E.
Goldstein, Martin B.
Goldstein, Morris G.

*Deceased

Goldstein, Paul L.
Goldstein, Sam Alvin
Goldstein, Samuel W.
Goldstone, Herbert N.
Golob, Stanley Paul
Gomez, Joseph R.
Goodman, Daniel
Goodman, Howard
Goodman, Irvin
Goodman, Jerome E.
Goodman, Julius H.
Goodman, Leon
Goodman, Sylvan C.
Goodwill, Frank
Goran, Isadore
Gorban, Thomas
Gordon, Charles
Gordon, Gerald S.
Gordon, Joseph
Gordon, Jack B.
Gordon, Marvin
Gordon, Samuel
Goren, Arthur E.
Gorfine, Bernard M.
Gordy, Howard Lee
Goriup, Othmar F.
Gottdiener, Elvin E.
Gottlieb, David M.
Gould, Clarendon L.
Gould, William M.
Gower, Earl F., Jr.
Grabowski, B. F.
Gradman, Lee H.
Grafius, Melba A.
Graham, Clarence D.
Graham, John A.
Graham, Joseph F.
Grant, Lawrence B.
Grant, Russell
Gratson, John, Jr.
Grau, Frank J.
Graves, C. R., Jr.
Gray, James Herbert
Gray, William B.
Grebow, Aaron
Grebow, Martin D.
Greco, Betty Jane H.
Greco, Salvatore J.
Green, Lyttleton S.
Green, Norman
Greenawalt, Wm. G.
Greenberg, Albert G.
Greenberg, Bertram
Greenberg, Harry
Greenberg, Harry L.
Greenberg, Harvey
Greenberg, Joseph
Greenberg, Leon
Greenberg, M. G.
Greenberg, Morton
Greenberg, Paul R.
Greenberg, R. E.
Greenberg, S. W.
Greenblatt, Elliott
Greenblatt, Max
Greene, Morton A.
Greenfeld, David D.
Greenfeld, Jacob H.
Greenfield, Charles
Greenlee, G. B., Jr.
Greenspan, Louis
Gregg, Ernest J., Jr.
Greif, Daniel
Gresser, Isidor H.
Griesmer, Lloyd P.
Griffith, A. W.
Gregg, Thos. D.
Gregorek, Frank J.
Griggs, Walter G.
Grimm, Allen Orville
Groff, F. B.
Grogan, Francis A.
Grollman, Ellis
Grollman, Jaye J.
Gronert, Warren A.
Gross, Herbert S.
Gross, John Paul
Gross, Joseph B.
Gross, William
Grossblatt, Norman J.
Grossman, Issac Wm.
Grossman, Benj. B.
Grote, Francis J.
Grothaus, David B. Jr.
Grove, Donald C.
Grubb, John E.
Grubbs, L. R.
Gruz, Nathan I.
Guild, Cecil E.
Gullett, David E. P.
Gumenick, Leonard
Gumm, Wilbur H., Jr.
Gump, Lyndon, J.
Gunby, Martin P.
Gunsallus, Jack Wm.
Gusman, Lawrence F.
Gutman, Isaac
Guy, John P.

H

Haack, Clifford W.
Haase, Charles A.
Haase, Frederick, R.
Haase, John Henry
Haberstroh, A. R.
Hack, Morris B.
Hackett, Angela Rose
Hackett, Emma
Hadley, Tom R.
Haelbig, Franz L. A.
Hafelfinger, Fred. T.
Hagan, Frank C., Jr.
Hagan, John C.
Hager, Geo. P., Jr.
Hahn, William A.
Haith, J. W., Jr.
Hall, Dwight Francis
Hall, Edward T.
Hall, Frederick R.
Hall, R. E. L.
Hall, William Walker
Haller, Harry N.
Halpern, Samuel M.
Hamback, Clifford I.
Hamberg, S. T.
Hambright, Harold Theodore, Jr.
Hamet, Marion S.
Hamet, Harry
Hamill, James J.
Hamlin, K. E., Jr.
Hammer, Howell I.
Hammar, Vincent Coy
Hancock, Frank A.
Hancock, Herman F.
Handelman, Jos. G.
Handelman, Louis
Handelman, Mayer
Hanenbaum, Allen
Haney, Philip C.
Hankey, Lewis Carl
*Hanks, C. Wm.
Hanks, C. W., Jr.
Hann, Jon Thomas
Hanna, William M.
Hansen, Herbert O.
Hansen, Herman F.
Hantman, Irvin
Haransky, David J.
Harbaugh, Arthur C.
Hardy, Henry C.
Hare, Cliffard A., Jr.
Hargis, William J.
Harner, Joseph W.
Harman, George B.
Harman, Rice B.
Harman, Richard T.
Harmatz, Irving J.
Harmon, Carl M.
Harmanson, F. J.
Harnish, Robt. A., Sr.
Harper, Henry M.

*Deceased

Harper, William S.
*Harris, Morris
Harris, William C.
Harris, William S.
Harrison, Alice Emily
Harrison, John W.
Harrison, Philip W.
Harrison, William S.
Harrison, S. A. D.
Harriss, Gridley
Harrod, Howard M.
Hart, Jeremiah A.
Hart, Joseph
Hasenbalg, Ernest
Haskell, Marian
Hauer, Martin
Haugh, J. A.
Havranek, Jessie Lois
Havranek, Robert E.
Hayes, Horace B.
Hayes, W. A., Jr.
Hayes, William B.
Haymaker, Frank B.
Hayman, Albin A.
Hayman, Thomas J.
Haynes, Marvin C.
Hayward, Luther B.
Hayward, Robert R.
Head, Wm. H. Jr.
Healey, Sister Elberta
Healy, Nathan S.
Heaps, Sprole W.
Heard, J. Mercer
Heck, Leroy Savin
Hecker, David
Hecker, N. R.
Heer, Melvin L.
Heer, Wilmer J.
Heifetz, Carl Louis
Heilman, Gerald J.
Hein, Henry F.
Heinrich, William J.
Heinritz, Colen C.
Heinritz, June R.
Helgert, Ernest
Helinski, Donald R.
Heller, John Michael
Heller, Lawrence G.
Heller, William M.
Helman, Max M.
Helmsen, Charles J.
Helmsen, Edward A.
Hempel, J. Frederick
Hendelberg, Isidore J.
Henderson, C. C. T.
Henderson, Chas. W.
Henderson, Ed. H.
Henderson, M. W.
Henderson, James A.
Henderson, U. K., Jr.
Hendin, Walter
Hendrix, Adlai M., Jr.
Heneson, Henry
Heneson, Irving J.
Henkel, Louis B., Jr.
*Henning, Emil
Hensala, John David
Heritage, Harold G.
Henretty, F. J.
Henry, Emmanuel
Henry, Joseph E.
Henry, Ralph A.
*Henry, Robert J.
Hens, Leonard Louis
Hergenrather, Louis, 3rd
Herold, Francis X.
Herman, H. Guy
Hermon, David
Herr, John
Herron, Charles S.
Hershman, Abram S.
Hershner, John F.
Herskowetz, Clara D.
Herter, Arthur C.
Hertz, Charles L.
Hertz, Selig S.
Hertzlich, Abraham
Hertzlich, Leonard
Herwod, Hilda R.
Hess, Nicholas A.
Hesson, Charles E.
Hettleman, Milton L.
Hewing, Ada C.
Heyer, Ursula E.
Heyman, Bernard P.
Heyman, Bernice
Hickey, W. Hampton
Higger, Samuel F.
Higgins, Joseph C.
Higgon, Ellery E.
Highfield, Wm. Henry
Highkin, Sidney
Highstein, Benjamin
Highstein, Gustav
Hihn, John B., Jr.
Highkin, Manuel K.
Hileman, Emmet A.
Hilinski, Irene Leona
Hill, Eric B.
Hill, H. Phillip, Jr.
Hill, William Caulk
Hilliard, Milton E.
Hillman, Albert
Hillman, Gilbert
Hillman, Milton L.
Hirsch, Peter
Hirschowitz, R. J.
Hirt, Joseph
Hirt, Joseph
Hixon, W. D.
Hirz, Bernard B.
Hoar, Marion Elwin
Hobensack, J. W.
Hocking, Harold J.
Hodge, William R.
Hodges, James E.
Hoff, David
Hoffeld, Henry Wm.
Hoffman, Asher
Hoffman, George E.
Hoffman, Harry
Hoffman, Harry L.
Hoffman, Howard
Hoffman, Marta
Hoffman, Sylvan A.
Hoke, W. A. B.
Holden, J. Frederick
Holen, Mitzie M.
Hollander, Sidney
Hollander, Sol
Holliday, Thomas D
Hollingsworth, Jos.
Holmes, Everett J.
Holmes, Harold G.
Holt, Worthe S.
Holthaus, Robert W.
Holtschneider, D. W.
Homberg, Henry I.
Honkofsky, Jerome
Hood, Claude Black
Hoover, Lee F.
Hopkins, Carville B.
Hopkins, Charles H.
Hopkins, Donald
Hopkins, Harry B.
Hopkins, Howard C.
Hopkins, Murray L.
Horine, Amos M.
Horn, Philip C.
Hornacek, A. T.
Horne, Peyton N.
Hornsby, Beverly K.
Hornung, Herman G
Horwits, Leonard
Horwitz, Isadore
Horwitz, Lois S.
House, Joseph Lee
Housekeeper, P. B.
Houser, Jacob W.
Houston, R. Emmit
Howard, Henry
Howard, S. B.
Howell, John F.

*Deceased

Howison, Irene S.
Hoy, Robert G.
Huber, George H.
Huddleston, Roy C.
Hudgins, J. C.
Hudon, Joseph C. A
Hudson, Hugh E.
Huffman, Rufus M.
Hughes, Henry W.
Hughes, Thomas S.
Hughes, Walter C.
Hughes, W. M.
Hulla, Joseph J.
Hulshoff, William J.
Hunt, Wm. H.
Hunter, Calvin L.
Hurd, George W.
Hurwitz, Abraham B.
Hurwitz, Allan Wade
Huston, Chas. Reese
Hutchinson, Wm. J.
Hutto, George F.
Hyman, Morton K.
Hyman, Paul

I

Ichniowski, D. A. K.
Ichniowski, Wm. M.
Ijams, P. A.
Imber, Doris
Imbierowicz, R. R.
Ingber, Louis William
Inghram, Fred A.
Irizarry, Ramon L.
Irving, Bruce L.
Irwin, James F.
Irwin, John P.
Isaac, Elias Jos.
Isaacson, Bernard S.
Isaacson, Charles
Isert, Charles H.
Itzoe, Andrew J.

J

Jackson, Charles C.
Jackson, Clifford P.
Jackson, John E.
Jackson, Lonnie C. J.
Jackson, Marvin M.
Jackson, Walter V.
Jackson, William B., Jr.
Jackson, William J
Jacobs, Corinne H.
Jacobs, Eugene
Jacobs, Harry
Jacobs, Louis
Jacobs, Warren H.
Jacobson, Lawrence
Jacobson, Samuel M.
Jaffe, Jonah J.
Jaminez, Lino J.
Jankiewicz, Alfred M.
Jankiewicz, Frank J.
Janousky, Nathan B.
Januszeski, F. J.
Japko, Albert M.
Jarosik, Emil, Jr.
Jarowski, Charles
Jarrett, W. R.
Jarvis, Charles L.
Jarvis, Harry C.
Jaslow, Marvin Ban
Jaslow, Morris M.
Jason, Lawrence
Jefferson, Elsie M.
Jenion, William R.
Jenkins, Edward
Jenkins, Milton O.
Jenkins, Arthur P.
Jenkins, Robert B.
Jeppi, Elizabeth V.
Jeppi, Samuel Patrick
Jernigan, John M., Jr.
Jernigan, Lane M.
Jesina, Carl Lee
Jester, J. Willard
Jester, Wilfred R.
Joffe, Albert
Johns, Basil P.
Johnson, Calvin E.
Johnson, Clyde G.
Johnson, Ernest Irvin
Johnson, Henry J.
*Johnson, J. Hartley
Johnson, James Edw.
Johnson, James W., III
Johnson, James E.
Johnson, Jos. L.
Johnson, Jos. L., Jr.
Johnson, Kenneth B.
Johnson, Margaret E.
Johnson, Norman M.
Johnson, Orton A.
Johnson, Otis LeRoy
Johnson, Paul C.
Johnson, Ralph S.
Johnson, Warren L.
Johnson, Wm. Ray
Johnston, George
Johnston, Rosella R.
Jones, Amos A.
Jones, Arthur Wm.
Jones, Briggs C.
Jones, C. Frank
Jones, Cyrus F.
Jones, Garrett S.
Jones, George A.
Jones, Harold B.
Jones, Harry Patton
Jones, Henry Alvan
Jones, H. Pryor
Jones, Howard B.
Jones, James A.
Jones, James E.
Jones, John Paul
Jones, Jos. Webster
Jones, Marvin H.
Jones, N. Howard
Jones, Paul
Jones, Philip W.
Jones, Pius H.
Jones, William B.
Jones, W. Franklin
Jongeward, Mathias
Jontiff, Henry Fred
Jordan, Charles D.
Jordan, John T.
Joseph, LaRue V.
Josephs, Louis C.
Joyce, Clarence G.
Judy, Francis L. G.
Judy, John N.
Jules, Bernard Chas.
Jung, J. G.

K

Kabik, Robert Joseph
Kahan, Harvey
Kahanowitz, Milton
Kahn, Leon J.
Kahn, Maurice
Kahn, Morton
Kahn, Reuben
Kairis, Eleanor M.
Kairis, John Joseph
Kairis, Nancy Emily
Kaiser, Carl Arwid
Kaiser, Joseph A.
Kalb, Francis P.
Kallelis, Theodore S.
Kallins, Edward S.
Kamanitz, Irvin L.
Kamenetz, Irvin
Kaminkow, Joseph
Kaminski, Felix H.
Kammer, D. A.
Kammer, Wm. H.
Kan, Perry Harlan

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*Deceased

Kandel, Leonard E.
Kane, Joseph D.
Kanter, Abraham J.
Kantner, Leahmer M.
Kantorow, Gerald S.
Kappelman, Leroy F.
Karlin, David
Karmann, George
Karmiol, Stanley B.
Karn, Philip R.
Karns, Harold T.
Karns, Hugh H.
Karpa, Isador
Karpa, Jerome J.
Karpa, Maurice
Karr, William S.
Karwacki, S. V.
Karwacki, Frank W.
Kasik, Frank T., Jr.
Kasser, Joseph
Kasten, C. F.
Kasten, Karl H.
Katcoff, Harold
Katz, Benj. R.
Katz, Burton Lee
Katz, Ely Sydney
Katz, Gabriel Elliott
Katz, Herbert A.
Katz, Joseph
Katz, Morton
Katz, Morton H.
Katzoff, Annette K.
Katzoff, Isaac
Kaufman, Jordan W.
Kaufman, Marion E.
Kaufman, Frank A.
Kaufman, Stanley L.
Kavanaugh, M. J.
Kay, Jack
Kaye, Harry
Kaye, Myles C.
Kaylus, Albert G.
Keagle, LeRoy Curtis
Kearfott, Clarence P.
Keehner, Raymond
Keech, Robert P.
Keefer, Hiram E.
Keenan, J. T. J.
Kehr, Erney C.
Keiter, Richard D.
Kellam, R. A.
Keller, Arvilla M.
Keller, C. V. deP., Jr.
Keller, George Riland
Kellermann, W. D.
Kelley, Gordon Wm.
Kelley, Guy C.
Kellough, Chas. Irvin

Kellough, E. R., Jr.
Kellough, George W.
Kelly, Charles W.
Kelly, George Benner
Kelly, George L. M.
Kelly, Robert J.
Kelly, Thomas J.
Kelly, M. P.
Kemble, Wm. Wayne
Kemp, Blanche L.
Keniston, A. H., Jr.
Kenley, W. E.
Kennard, James B.
Kenner, Edwin A.
Kenney, Fern E., Jr.
Kenyon, George
Kern, Joseph
Kerpelman, H. S.
Kerpelman, Howard
Kerpelman, Isaac E.
Kerr, Thomas H.
*Kerr, C. Raymond
Kershaw, Harry
Kesmodel, Chas. R.
Kessel, Yale
Kessler, Marvin M.
Kessler, Morris L.
Kexel, LeRoy E.
Keyser, W. C. H., Jr.
Kiefer, John W.
Kiefer, Ralph S.
Killeri, Anthony M.
Killpack, Don S.
Kilner, E. A.
Kimzey, Kritz J.
King, Donald Charles
King, Gerald
King, S. C., Jr.
*King, Samuel J.
King, Melvin Leroy
King, William H.
King, W. P. M.
Kinkead, Chas. Wm.
Kinnamon, Harry A.
Kinsey, Raymond D.
Kirk, Catherine E.
Kirsen, Abraham
Kirson, A. Robert
Kirson, Jerome
Kirson, Walter
Kistler, Stephen Bird
Kistner, Carl
Kitchin, W. Yager
Kitt, Melvin G.
Klatsky, Stanley A.
Klavens, Elmer
Klavens, Sidney R.
Kleczynski, T. C.
Klein, Benjamin F.

Klein, Howard
Klein, Solomon
Kleinbart, David J.
Kleinmann, Kurt
Klepfish, Milton A.
Klimen, Samuel E.
Kline, Bernard B.
Kline, Sidney
Kling, Herman M.
Klingaman, Claude R.
Klingelhofer, F. W.
Klioze, Earl Ephraim
Klotzman, Alfred
Klotzman, Robert H.
Knecht, Frederick
Knepper, Francis C.
Knorr, E. A.
Knowles, F. E.
Kobin, Benjamin
Koch, Ervin M.
Kochert, Ernest P.
Koehlert, W. H.
Kogelschatz, J. W.
Kohlhepp, G. A., Jr.
Kokoski, Chas. J.
Kokoski, Robert J.
Kolb, George
Kolker, Frank Milton
Koldewey, T. W.
Koller, Elmer C., Jr.
Kolman, Lester N.
Kolman, M. Alfred
Kolman, Minnie F.
Konicov, Monte
Koon, Charles L.
Koons, George S.
Kopcho, Michael J.
Koplin, Arthur
Korb, Katherine
Kosakowski, C. G.
Kosmin, Marvin
Kostos, Patricia P.
Kousen, Morton
Koustenis, Gust G.
Koustenis, Harry G.
Koutras, Louis Anest
Kouzel, Howard
Kouzel, Samuel I.
Krakower, Jacob
Krall, Joseph
Kram, W. P.
Kremer, Beryle Philip
Kramer, Bernard
Kramer, Edith A.
Kramer, Jack Louis
Kramer, Leonard H.
Kramer, Morris
Kramer, Morton D.

*Deceased

Kramer, Samuel E.
Kramer, Stanley H.
Kramer, Max T.
Krantz, John C.
Kratz, Frank P., III
Kratz, Walter E.
Kraus, Louis H., Jr.
Kraus, Richard Ed.
Kreamer, Frederick L.
Kreis, Edna E.
Krieger, Benjamin
Krieger, Max A.
Kriger, Benj. Arthur
Kronberg, Norman J.
Kronenberg, Chas. H.
Kronsberg, Ronald H.
Kronthal, Jacob L.
Kroopnick, Frieda R.
Kroopnick, G. D.
Kroopnick, Jennie
Kubiak, Dolores Z.
Krucoff, Maxwell A.
Krupnick, Ellis G.
Krusniewski, B. A.
*Kuhn, Mark Joseph
Kull, Raymond C.
Kumkumian, Chas. S.
Kupfer, Alexander
Kurland, Louis J.
Kursvietis, A. J.
Kushner, Meyer G.
Kushnick, Marvin S.
Kwash, Herbert

L

Lachman, Bernard B.
Lachman, Marvin M.
LaFrance, F. A.
Laken, Benjamin B.
Lamb, Lewis Joseph
Lambdin, E. C., Jr.
Lambert, Paul W.
Lambrecht, F. A.
Lambros, D. S.
Lanahan, Wm. A.
Landau, Morris
Landon, J. A.
Lane, Edward M.
Laney, Charles O.
Lang, Louis William
Lang, Nicholas I.
Lang, W. F. C.
Lange, Walter
Langer, Charles
Langdon, Frank P.
Langston Jeffie G.
Lapin, Alfred R.
Lapin, Bernard J.
Larezzo, George R
Laroque, E. J.
Larrabee, Chas. Wm.
Lassahn, Norbert G.
Lassiter, John H.
Laterman, Joseph
Lathroum, Leo B., Jr.
Lathroum, R. T.
Latona, Salvator J.
Lauer, M. J.
Laufe, Harold A.
Laughlin, B. Frank
Laur, John J.
*Lautenbach, Ferd.
Lavin, Bernard
Lavin Sol
Lawlor, Henry Wm.
Lawrence, Charles
Lawson, Alfred Munk
Lawson, Arnold
Lawson, Robert E.
Lawson, Wilbert B.
Layden, William
Lazarick, Lillian G.
Lazarus, Leon Julius
Lazzaro, Samuel F.
Leatherman, A. G.
Leatherman, A.G., Jr.
Leavey, Herbert J.
Leavitt, Dean E.
LeBlanc, Theodore
Leboff, Solomon
Lebowitz, Harry
Lebson, David
Lebson, Hyman
Ledbetter, E. DeB.
Lee, Carroll B.
Lee, Claud D.
Lee, George Ernest
Lee, June Eng
Lee, Warren Walter
Leeds, Harry F.
Leef, James Alnutt
Leffler, W. H.
Leftin, David
LeGates, Ethel
Lehnert, Ernest C.
Lehr, Clarence G.
Lehr, Robert H.
Leibowitz, Benjamin
Leibowitz, Louis
Leiderman, S. E.
Leise, David
Leites, Blanche
*Lemke, George
Lemler, Abraham A.
Lemler, Stephen M.
Lemmert, James E.
Lemons, Milton S.
Lennox, Williard J.
Lenz, William
Leonard, Helen A.
Leonard, Russell D.
Lerman, Philip H.
Lerner, Beryl
Lerner, Joseph H.
Lerner, Sidney I.
Levenson, Julius V.
Levenson, Marvin M.
Levenson, Sidney
Levi, Ellis
Levi, Ernest
Levicka, Vincent C.
Levier, Oscar H.
Levin, Arthur Irvin
Levin, Barry Elliott
Levin, Benjamin
Levin, Benjamin S.
Levin, Bernard
Levin, Bernard
Levin, Daniel M.
Levin, David
Levin, David Gerald
Levin, Evelyn Shirley
Levin, Harold Joseph
Levin, Harold Paul
Levin, Harry
Levin, Haskell
Levin, Irvin Isaac
Levin, Israel
Levin, Jacob Benny
Levin, Joseph L.
Levin, Julian Edwin
Levin, Leon Phillip
Levin, Max
Levin, Morton
Levin, Nathan
Levin, Norman
Levin, Norman Jack
Levin, Norman Lee
Levin, Philip
Levin, Richard L.
Levin, Sam Barry
Levin, Stanley W.
Levin, Theodore
Levine, Jay E.
Levine, Jerome M.
Levine, Lester
Levine, Milton
Levine, Morris
Levine, Phillip Julian
Levins, Arnold I.
Levinson, Henry
Levinson, Monroe J.
Levinson, Paul
Levy, Abraham M.
Levy, Bernard
Levy, David A.
Levy, Donald
Levy, Frank F.
Levy, Irving
Levy, Joseph

*Deceased

Levy, Leon
Levy, M. Zachary
Levy, Melvin
Levy, Walter von S.
Lew, George Y. T.
Lewine, Donald S.
Lewis, F. Harold
Lewis, Harry C.
Lewis, T. B., Jr.
Leyko, Gregory W. A.
Libowitz, Aaron M.
Lichtenstein, Ivan I.
Lichtenstein, Harold
Lichter, George
Lichter, Raymond
Lichter, Samuel
Lichtman, Albert
Lichtman, Harry S.
Lieb, Frank J.
Lieberman, L. L.
Lifschitz, Amiram
Lightner, Earl H.
Liken, Russell B.
*Lillich, B. Allen
Linahan, Charles
Lindeman, Philip D.
Lindenbaum, Albert
Lindenbaum, Louis
Lindenbaum, Morris
Linderberger, John E.
Liner, Milton Harry
Linsineier, Joseph C.
Lipkey, Nancy M.
Lippman, Morton
Lippold, Frank
Lipskey, Joseph
Lipsky, Harold H.
Lipsky, Irvin N.
Liptz, Alvin E.
Lisk, D. Clyde
*Liss, Nathan Isaic
Lisse, Allan
Lister, Charlotte Z.
Litman, Albert
Little, John Milton
Little, Robert S.
Little, W. R.
Litvin, Sidney B.
Lloyd, C. C.
Lloyd, F. J.
Lloyd, W. H.
Loetell, J. W., Jr.
Loftus, John
Lohmeyer, Lloyd W.
London, Samuel
Longenecker, J. K.
Looney, Ernest W.
Lottier, William I., Jr.
Lotz, Emma Grace
Lovell, Herbert E.
Low, James E.
Lowe, Carroll A.
Lowry, Raymond J.
Lowry, William John
Lubin, Raymond A.
Lubman, Nancy S.
Lubman, Ronald A.
Lucas, Alfred W.
Lucas, John Joseph
Lucas, Mary C.
Lucas, Samuel M.
Lucia, H. S., Jr.
Luck, Charles A.
Luck, William M.
Ludwig, Andrew F.
Luke, Harry L.
Luley, Charles Ed.
Lum, Max Robert
Lupin, Irwin Morton
Lupo, Francesco P.
*Lusby, Gretchen M.
Lusco, S. Vincent
Lutz, John G.
Lutz, Robert E.
Lutzky, Joseph
Lyden, Edward E., Jr.
Lyle, W. L.
Lykos, Nicholas C.
Lynn, Norman Bruce
Lyon, Andrew T.
Lyon, Geo. Taylor
Lyon, James H.
*Lyons, Elmer C.

M

MacGillivray, Gordon
Macek, Bernard F.
Macek, Frank J.
Macek, Walter P.
Maciulla, James Louis
Maciulla, S. V.
Mackey, James Q.
Mackowiak, S. C.
Macks, Ben Harold
Macks, Harry Elliott
Maczis, William J.
Magaziner, Frederick
Magid, Louis
Maggio, A. J., Jr.
Magiros, John Geo.
Mahoney, Robert W.
Main, Clinton E.
Maisel, Joseph B.
Maisenhalder, E. C.
Malanowski, A. R.
Malanowski, B. C.
Malick, Richard W.
Mallonee, J. J., Jr.
Malone, Wm. W.
Manchey, L. Lavan
Mandel, Howard E.
Mandelblatt, Allen E.
Mandrow, Mary Anna
Manheimer, R. B.
Manian, Albert A.
Mankin, G. T.
Mann, Ruffin N.
Mancuso, Walter E.
Manning, Marion C.
Mantley, Frank B.
Marciniak, Edw. S.
Marcus, Max
Marek, Anton Charles
Margolis, Isidore
Marinelli, Carroll P.
Markin, Edward A.
Markin, Samuel
Markley, Edward B.
Markowitz, Carl E.
Marks, Melvyn Lyon
Marks, Sidney I.
Marley, Benj. C., Jr.
Marlowe, Edward
Marmor, Joseph P.
Marsh, Jack C.
Marshall, Barbara I.
Marshall, Charles M.
Marshall, Eugene W.
Marshall, S. Fred
*Marshall, Sylvester K.
Martello, Herbert A.
Marten, George L.
Martin, Alfred Leroy
Martin, Frank G.
Martin, Harry C.
Martin, Lester Ross
Martin, Richard E.
Martin, Robert J.
Martinez, Nellie E. S.
Mary, Nolasco
Maschas, Constantine Nick
Maser, Louis
Massell, Aaron A.
Maseth, Earle George
Maseth, William E.
Mashkes, Morris
Mask, Jerome
*Mason, John T.
Mason, John Wm.
Massing, David

*Deceased

Massing, E. Wolfe
Mastorides, Nicholas A.
Matchett, Jeremy A.
Matelis, Olga P.
Mathers, Audrey J.
Mathews, H. Spencer
Mathews, Emory H.
Matta, Joseph Edw.
*Matthews, Vin. S.
Mattingly, Daniel J.
Mattocks, A. McL. Jr.
Mattox, William M.
May, Howard J.
Mayberry, Edgar B.
Mayer, J. L.
Mayer, Alexander M.
Mayer, Maurice V.
Mazer, Harold H.
McAllister, Benjamin
McAllister, Benj., Jr.
McDougall, Bernard C.
McAvoy, Michael J.
McCagh, Edward T.
McCagh, F. L., Jr.
McCall, George B.
McCambridge, Joseph
McCann, Thos. J. Jr.
McCann, Walter I.
McCarthy, Daniel F.
McCarthy, John L.
McCauley, Wm. F.
McClarren, R. M.
McClerry, Claud R.
McClincy, Stanley
McCohn, Sister
McComas, J. R., Jr.
McConnell, Dufferin
*McCormick, Chas. E.
McCormick, G. C.
McCoy, J. K., Jr.
McDonald, C. L.
McDonald, Thos. L.
McDougall, Bernard
McDonnell, Patrick J.
McDuffie, George E.
McElwee, Ross S.
McGarry, Charles E.
McGinity, F. Rowland
McGraw, E. J.
McGuire, Thomas H.
McIndoe, John G.
McKellip, John
McKenny, Harry J.
McKenzie, H. C.
McKew, Thomas H.
McKinley, James D., Jr.
McKirgan, John L.
McKirney, Wm. M.
McKnight, Vernon H.
McLamb, Henry T.
McLarty, David C.
McLarty, Geo. C., Jr.
McLaughlin, J. McD.
McLean, I. William
McMahon, Michael J.
McManus, Daniel A.
McMichael, James E.
McNair, Robert W.
McNally, Hugh B.
McNamara, B. P.
McNeill, Douglas W.
McNeill, Melba Lois
McShann, Mansell H.
McTeague, Charles J.
McWilliams, Lester
Meadows, Clement J.
Meadows, George W.
Meagher, Harry R.
Mears, Chase K.
Mears, Frank D.
Mears, Lee K.
Meeth, John T.
Megaw, Herschel
Meiser, Edward T.
Meisler, Jules M.
Meiss, William S.
Mellor, Benjamin, Jr.
Mendelsohn, Daniel
Mendelsohn, Max L.
Mendelsohn, Ronald E
Mendelson, Herman
Menke, M. A.
Mentis, Anthony P.
Mentzer, John R., Jr.
Mercer, Robert V.
Mercer, Victor G.
Meresicky, Ralph J.
Mercier, M. W., Jr.
Merdinyan, E. F.
Merkel, Henry
Mermelstein, D. H.
Merritt, J. Webster
Merritt, Samuel H.
Merryman, Geo. W.
Mersky, Milton
Mersky, Morris S.
Merwitz, Stanley J.
Meserve, John Chas.
Mess Sister Mary Adamar
Messersmith, E. J.
Messina, Julius A.
Metheny, Carl Melvin
Metz, Hermann F.
Metz, Richard A., III
Mewhirter, Harry D.
Meyer, Geo. W. A.
Meyer, William J.
Meyers, Albert Temin
Meyers, Irwin E.
Meyers, Jacob Sholom
Meyers, Louis Lear
Meyers, Macy Herbert
Michael, Lucus A.
Michael, Marvin E.
Michaels, Albert
Michel, John Vernon
Michell, Herman
Miden Julian I.
Mikules, Alex. H.
Milgram, Samuel
Millard, Ruth
Millenson, Irving
Miller, Abraham
Miller, Alvin
Miller, Alvin B.
Miller, Charles W.
Miller David
Miller, Edward
Miller, George A.
Miller, George P.
Miller, Harold C.
Miller, Harry
Miller, Israel M.
Miller, Irving W.
Miller, Jack Wessel
Miller, John Elwin
Miller, Lawrence L.
Miller, Lewis
Miller, Manuel
Miller, Milton
Miller, Myron
Miller, Nathaniel A.
Miller, Olga Jonkus
Miller, Reuben
Miller, Richard A.
Miller, Robert Baxter
Miller, Solomon
Miller, T. A.
Miller, William F.
Milio, Frank R.
Milman, Harry
Millman, Philip H.
Mills, Fred W.
Mills, Howard D.
Mills, Robert S., Jr.
Minaker, Irwin
Mindell, Charles
Minder, Frederick
Miner, Richard Leo
Minster, Howard M.
Misler, Bernard
Mitchell, Joseph P.
Mitchell, Robert L.

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*Deceased

Mirvis, Julius
Mobley, L. R.
Mobley, Walter B.
Modena, Charles E.
Mohr, Milton E.
Moler, Robert K.
Molli, Louis J.
Monahan, A. M. S.
Mondell, Harold D.
Monroe, Henry C.
Monroe, Robert J.
Mooney, Iole R. M.
Moore, Charles W.
Moore, G. Richard
Moore, John L.
Moore, Theodore C.
Moorehead, F. E.
Moose, Gurley Davis
Moose, Walter Lee
Morales, Angel R.
Morgan, Alfred K.
Morgan, Joseph H.
Morgenroth, Hans
Morgenroth, V. H., Jr.
Morgenstern, Emma
Morgenstern, Wm. A.
Morris, Barbara M.
*Moritz, William E.
Morris, I. J. V.
Morris, Irving M.
Morris, Samuel
Morris, Martin H.
Morrison, Clarence H.
Morrison, W. B.
Morrison, William A.
Morstein, R. M.
Morton, John Earl
Morton, Joseph H.
Moscariello, Frank M.
Moscati, Adrian P.
Moscati, Marius A.
Mosely, Omar, H., Jr.
Moses, Benjamin B.
Moser, John, Jr.
Moskey, Thomas A., Jr.
Moss, Arnold
Moss, John H.
Mossell, Aaron A.
Moshenberg, William
Mossop, Carrie G.
Mouat, Gordon A.
Moxley, R. B.
Moyer, Walter
Moyers, C. W.
Moylan, Robert L.
Mrazek, Leo L.
Muchnick, David S.
Muehlhause, Ruth V.
Mueller, Edward L.
Muench, Genevieve J.
Muldoon, Ralph V.
Mules, Nathan C.
Mulhall, Francis J., Jr.
Mullen, Charles L.
Munzert, Harry J. F.
Munzert, L. A. G.
Mupsik, Herman M.
Murdock, Loyall Edw.
Murphy, Edwin C.
Murphy, Jerome E.
Murphy, John M.
Murphy, Marie M.
Murphy, J. Robert
*Murray, Lindley R.
Musacchio, Leo M.
*Muse, Alexander E.
Musgrave, D. E.
Musgrove, Walter G.
Musher, Arthur A.
Muskatt, Edith
Mutch, Richard John
Mutchnik, Melvin
Myerovitz, Joseph R.
Myers, Bernard
Myers, Beverly S.
Myers, Charles
Myers, Ellis B.
Myers, Irvin L.
Myers, Lyndon B.
Myers, Morton
Myers, Richard Earl
Myers, Robert I.

N

Naiditch, Morton E.
Naplachowski, S. A.
Narunsky, Reuben
Nash, Donald M.
Nave, Jackson M.
Neary, Thos. F., Jr.
Needleman, Philip
Neely, Herron
Neighoff, Wilson E.
Neis, Arnold Howard
Nelson, Augustus W.
Nelson, Kenneth H.
Nelson, Robert B.
Nelson, William G.
Nemerow, Martin W.
Nemeth-Barath, Dezso, Jr.
Neubauer, Clarence G.
Neuburger, Arnold J.
Neumann, Jos. James
Neumann, Walter P.
Neumeyer, John L.
Neutze, John F.
New, John Robert
Newhouse, Stanley R.
Newman, Albert M.
Newman, David
Newman, Leon M.
Newman, Martin D.
Niefeld, Herbert
Nierman, Robert F.
Nicolas, Peter Alex
Niss, Israel
Nitsch, Charles A.
Niznik, Paul Vincent
Niznik, Theodore T.
Nobel, Louis N.
Noel, Harriett Ruth
Noelle, Charles
Noland, Charles E.
Noll, Frank Morgal
Noll, Violet B.
Nollau, Elmer W.
Nordman, H.
Norman, Herman
Norris, Earl M.
Norris, Paul Edmund
Norris, Walter B.
Northover, Edw. R.
Norton, Anna Cover
Norton, Gerald Lewis
Nosal, Pauline Ann
Nothstine, Ken. T.
Noveck, Irvin
Noveck, Morris
Noveck, Nathan
Novey, Sam
Novick, Bernard
Nowick, Sidney G.
Nunan, Sister Mary B.
Nusinow, Samuel
Nussbaum, Edw. D.

O

O'Brien, John W.
O'Brien, William C.
O'Dea, James M.
Odian, Alice
O'Donnell, Francis J.
Oed, Marvin LeR.
Offutt, Clifford H.
Offutt, R. H.
Ogrinz, Alexander J., Jr.
Ogurick, Alexander
O'Hara, John James
O'Hara, John J., Jr.
Ohlendorf, Albert V.
Ohly, Robert Wayne
Okrasinski, Joseph L.
Oken, David M.

*Deceased

Oken, Jack
Oken, Louis E.
Oldham, Walter F.
Oleszczuk, Melvin J.
Olsan, Frank
O'Neal, John Leonard
O'Neil, Jennie A.
O'Neill, Lawrence J.
Onnen, Adolph C.
Onnen, Arnold M.
Onnen, E. F.
Orellana, Anna May
Orlind, Harry
Orloff, Milton
Orr, William Hugh
Ortt, James Bryan
Orzel, Rita Adele
Osheroff, Seymour D.
Oshry, Faga P.
Osburn, Darris M.
Oshinsky, Sol
Oster, Herbert G.
Oster, Walter F.
Ostrow, Milton
Otto, Frederick A.
Ouellette, Philip A.
Overholt, W. F.
Owens, Bennie G.
Owens, R. Hamilton
Oxman, Meyer

P

Packett, Ryland D.
Packett, William H.
Padousis, John
Padussis, Anthony G.
Pagan-Colon,
Rafael Angel
Paidakovich, M. J.
Palchak, R. J. F.
Palder, Edward L.
Palmer, J. C.
Palmer, Mathias
Palmer, Thomas R.
Palmere, Anthony M.
Panamarow, Stephen
Pang, Charles E-H.
Pannill, William E.
Pape, Harry S.
Parelhoff, Maurice I.
Papiermeister, Joseph
Paris, Bernard H.
Parker, Howard E.
Parker, Jas. A. I.
Parker, John G.
*Parker, Katherine J.
Parker, Laura
Parker, Muriel E. N.
Parker, Richard Dale
Parks, Isadore J.
Parlade, J. A.
Parlett, George D.
Parr, Oscar C.
*Parr, William A.
Parramore, W. VanV.
Parson, Benjamin
Pasco, Louis Edward
Pass, Isidore
Pass, Stacy
Pass, Victor Earl
*Passaro, Edward J.
Pasterfield, Philip M.
Pasterfield, Wm. T.
Pate, William A.
Patlen, Irving
Patrick, Thomas Ed.
Pats, Albert
Pats, Sidney
Patterson, Walter J.
Paul, Daniel A.
Paul, Frank Ronald
Paul, Harry Jacob
Paul, Howard
Paulson, Aaron Ariel
Paulson, David
Paxson, George W.
Paxson, Robert L.
Paxton, Poague R.
Payne, Harry
Payne, Thomas M.
Pazdera, Frank J.
Pearlman, Albert
Pearlman, David
Pearlman, William L
Pearlstein, Philip
Pearrell, Ernest H.
Pearson, Sarah B.
Pearson, Silas H.
Pecarsky, Seymour
Pelovitz, Nathan G.
Pemsel, E. Robert
Penn, Thomas M. G.
Pentz, R. L.
Perel, Max
Pertnoy, Edwin
Peskin, David
*Pessagno, Wilbur J.
Peterka, Albert A.
Peters, Albertus B.
Peters, Charles R.
Petralia, Anthony J.
Petticord, Webster B.
Pettit, Bernard A.
Petty, Huie Wilbert
Petzold, Robert T.
Pfaff, Virginia W.
Pfeifer, Charles M.
Pfeifer, Charles, Jr.
Pfeifer, Edward
Phelps, R. Gorman
Phillips, Emerson C.
Picha, Frank
Pichney, Irving J.
Pickett, Benjamin F.
Pickett, John W., Jr.
Pierce, J. W.
Pierce, Linda Stucky
Pierce, Robert R.
Pierson, Clarence H.
Pietri, Margarita O.
Pigott, C. D.
Pilquist, Richard M.
Pilson, Robert A.
Pilson, Robert W.
Pinerman, Jerome
Pinsky, Herman H.
Pippig, Howard A., Jr.
Piquett, Maude B.
Piraino, Vincent J.
Pivec, John James
Pivo, Robert
Plank, Donald J.
Plank, John McNeil
Plassnig, Edwin
Platt, Marvin S.
Platt, William
Pledger, Dolores M.
Plempel, Alfred C., Jr.
Plotkin, Herbert
Plotkin, Richard D.
Plotner, William C.
Plumley, R. Walter
Plovsky, Nathan L.
Podoksik, Hyman B.
Poffenberger, H. L.
Poggi, Gabriel J. L.
Poisal, J. W.
Poklis, Alphonse
Polin, Ralph R.
Polk, Hamilton R.
Pollekoff, Jacob
Pollekoff, Sheldon E.
Polekoff, Morris
Pollack, Howard
Pollock, William
Pollack, Melvin M.
Pollack, Morton L.
Polonsky, Murray
Poltilove, Geo. J.
Poltilove, Harvey G.
Pomerantz, L. H.
Popluder, Nathan
Poppleton, Miller J.
Porembsky, Joseph
Portney, Samuel
Porterfield, R. S.
Portoghese, P. S.
Posin, Benjamin W.

*Deceased

Potash, Oscar
Potler, David
Potocki, Peter Paul
Potts, Gifford L.
Potts, H. L.
Potts, James Meyer
Powell, F. Lee
Powell, Monte L.
Powers, Julian T.
Pozanek, Larry H.
Poznysz, Edward L.
Prag, Jules Benge
Pratt, Charles A.
Prendergast, Thos. R.
Prensky, Bernard M.
Pressman, I. M.
Preston, Bern. J., Jr.
Price, Charles P.
Price, Helen Elaine
Price, Walter C.
Prigal, Herman
Printz, Morton P.
Pritzker, Sherman D.
Pross, Clarence
Pross, Ferdinand, Jr.
Prostic, Albert
Prostic, Harry
Protokowicz, S. E.
Proudfoot, R. E.
Provenza, Stephen J.
Provost, F. T.
Pruce, Alfred Albert
Pruce, Irving M.
Pruss, Thaddeus P.
Pryor, W. A.
Pucklis, Frank S.
Pugatsky, David
Pumpian, Paul A.
Purdum, H. D.
Purdum, William A.
Pycha, Richard J.

Q

Quarles, Ralph T.
Quasney, Emil, Jr.
Quen, Edward Marc
Quvedo, de Carlos G.

R

Raap, Irvin Leonard
Rabinowitz, I. W.
Rabinowitz, Norman
Racusin, Nathan
Raedy, John Henry
Raffel, Leon
Ragains, Fred Perry
Raichlen, Isador
Raichlen, Samuel I.
Raines, Arthur
Raksin, Irving J.
Ralph, Bernard W.
Ramos, I. del P.
Raney, John W.
Ranfone, Charles
Rankin, Alton Eugene
Rankin, Billy Frank
Ransom, Gray Portis
Rapaport, G. H.
Rapkin, Harvey M.
Rapoport, Leonard
Rappaport, Marvin
Raschka, Theo. Lee
Rasinsky, Milton
Raudonis, John A.
Rauschenbach, C. W.
Rausen, Joseph
Ravita, Salvatore J.
Rawe, Charles E.
Rawlins, Mildred A.C.
Raylman, Robert C.
Rayman, Harry M.
Read, Herbert A.
Reamer, Israel T.
Reamer, Sidney H.
Redden, Charles H.
Redmond, N. P., Jr.
Reed, C. H., Jr.
Reed, Clyde Eugene
Reed, Jackson S. R.
Reese, C. Clifford
Reese, Charles C.
Reese, Harry Eugene
Reese, Kenneth A.
Regimenti, Vincent J.
Rehbein, Louis W.
Reichert, LeRoy D.
Reier, George E.
Reiner, Frank
Reindollar, Wm. F.
Reinhardt, O. M.
Reinhardt, R. L.
Reid, Hilary H.
Reir, Hilary H.
Reisch, Milton
Reisenweber, Harvey Donaldson
Reiser, Arnold J.
Reiser, Earl
Reiter, Arthur Paul
Reiter, Saul
Reitz, J. J.
Rench, Victor B.
Rendel, Morris
Resnick, Elton
Resser, William Wolf
Restaino, F. A.
Rettaliata, Leo
Reynolds, A. C.
Reynolds, Bradley A.
Reynolds, C. E., Jr.
Reynolds, Ralph E.
Rezek, Geo. Jaroslav
Reznek, Paul
Rhode, John George
Rhodey, Charles L.
Ribeiro, Robert E.
Rice, Leonard M.
Rice, Howard S.
Ricedorff, Edwin M.
Rich, Frank R.
Richards, Kenneth O.
Richardson, C. G.
Richardson, C. T.
Richardson, G. A.
Richardson, David R.
Richardson, Lloyd N.
*Richardson, Wm. H.
Richardson, V. M.
Richman, Emanuel
Richman, Jacob L.
Richman, Morton D.
Richman, Philip F.
Richmond, Jerome
Richmond, Samuel
Richmond, Sewell E.
Richmond, Wm. C.
Richter, Wm. A.
Riedel, Walter K.
Rigg, Robert Francis
Riggin, Rex
Riggs, John A.
Riley, Marie Theresa
Ringgold, B. C.
Rinker, Lemuel H., Jr.
Ripley, Albert B.
Ritter, Ross W., Jr.
Rizer, R. L.
Robbins, Gaythel S.
Robbins, Sam S.
Robeck, Walter H.
Robenson, Milton N.
Robert, Rafael
Robert, W. H., Jr.
Roberts, William P.
Robertson, F. W.
Robertson, W. F.
Robins, Leon Israel
Robinson, Albert J.
Robinson, Joseph T.
Robinson, Maurita
Robinson, Oliver P.
Robinson, P. P.
Robinson, R. C. V.

*Deceased

Robinson, Robert
Robinson, S. E.
Robinson, Zoe C.
Robl, Mary J. K.
Roche, John L.
Rochester, Harry L.
Rockman, Morris
Roddick, Wilkin M.
Rodbell, Theodore E.
Rodell, Michael B.
Rodgers, Sister Scholastica
Rodman, Leon
Rodman, Morris
Rodney, George
Rodowskas, C. A.
Rodowskas, Christopher Anthony, Jr.
Roe, Thomas E.
Rofsky, Howard E.
Rogers, Harold L.
Rogers, William Earl
Rohoblt, Walter S.
Romanoff, Samuel A.
Rombro, David M.
Rooss, Robert V.
Rosario, Carlos del
Rose, Jonas
Rose, Louis
Rose, Shep K.
Rose, Wm. Wilson
Rosen, Donald Merle
Rosen, Sam
Rosenbach, Hans J.
Rosenberg, Allen P.
Rosenberg, B. R.
Rosenberg, Irwin J.
Rosenberg, Joseph J.
Rosenberg, Leon
Rosenberg, Leonard
Rosenberg, Milton B.
Rosenberg, Morris
Rosenberg, Reuben
Rosenberg, Robert
Rosenberg, Walter S.
Rosenbloom, Jack H.
Rosenbloom, S. L.
Rosenfeld, Albert
Rosenfeld, David H
Rosenfeld, Israel A.
Rosenstadt, Aaron
Rosenstein, Aaron
Rosenstein, Harry B
Rosenthal, Alvin
Rosenthal, Bernard
Rosenthal, Emanuel
Rosenthal, H. T.
Rosenthal, Lewis J.
Rosenthal, Louis R.
Roslyn, John J.
Rosoff, Philip
Ross, Earl R.
Ross, James Davis
Ross, Robert W.
Ross, William A., Jr.
Rossberg, Charles
Rossberg, William C.
Rostov, Samuel J.
Roth, Louis J.
Roth, Martin
Rothberg, Louis E.
Rothman, Morris E.
Rothmel, Jacob
Rothstein, Paul
Rotter, Joseph Wm.
Rouzer, John R.
Rowens, W. Eldridge
Rowland, Mary J. B.
Rowland, N. D.
Rowlenson, John T.
Rowlenson, Wm. F.
Roy, A. H.
Royce, Robert Francis
Ruben, Irwin
Ruben, William M.
Rubens, Harry M.
Rubin, Melvin N.
Rubin, Murray Alvin
Rubin, Samuel B.
Rubin, Samuel S.
Rubin, Seldon L.
Rubin, Sylvan I.
Rubinstein, Hyman S.
Ruckart, Robert T.
Ruddie, Israel M.
Rudie, Harry
Rudman, Melvin H.
Rudo, Herbert B.
Rudo, Stanton M.
Rudoff, Oscar
Rudolph, Henry S.
Rudy, Harry Robt., Jr.
Ruff, Howard
Ruff, William A.
Ruhl, Frank H.
Ruppersburger, J. J.
Rush, G. W. C.
Russ, Roger M.
Russell, J. A.
Russell, John Alex.
Russell, Richard P.
Ruth, Stephen Walter
Ruths, F. C.
Rutkin, Samuel

S

Sabatino, Louis T.
Sable, Louis
Sach, Abraham
Sachs, Albert
Sachs, Herbert A. L.
Sachs, Michael
Sachs, Norman R.
Sachs, Raymond
Sachs, Raymond
Sachs, Robert
Sachs, Sylvan L.
Sacki, Kurt Leo
Sacks, Melvin
Sacks, Morris
Sacks, Paul D.
Sacks, Sidney
Sachs, Walter H.
Sadel, David
Sadel, Jacob
Sadler, R. H.
Sadler, Thomas, Jr.
Sadownick, Arnold
Sadowski, Leonard J.
Safran, Sidney
Sager, Benjamin
Saks, Joseph Herman
St. Henry, Sister Mary
Saint John, M. E.
Saiontz, Marvin F.
Salmon, James F.
Salus, Arthur
Sama, Mario
Sames, Joseph H.
Sampson, A. J.
Samuelson, Oscar
Sandene, Clarence L.
Sanders, Wm. E.
Sandler, Jos. Samuel
Sandler, Solomon
Sanner, Norman R.
Sanner, Richard T.
Santoni, David A.
Santoni, Daniel A.
Santoni, Henry A.
Sappe, Milton J.
Santoni, John D. H.
Sappe, Milton C.
Sapperstein, Edw. I
Sapperstein, Jacob J.
Sapperstein, William
Sarubin, Milton
Saslaw, Israel S.
Satisky, William M.
Satou, Marcus
Sause, Milton P.
Savage, Moses
Savage, Walter T.

Savin, Jules I.
Savitz, Melvin M.
Sawtelle, Seth S.
Sborofsky, Isadore
Scafidi, Arnauld F.
Scali, Peter Paul
Scelfo, Octavia A.
Scelsi, Joseph V.
Schaech, Dorothy F.
Schaefer, Charles A.
Schaefer, John F.
Schaefer, T. A.
Schammel, Adam J.
Schapiro, A. B.
*Schapiro, Harry S.
Schapiro, Oscar M.
Schapiro, Louis
Schaumburg, N. L.
Schechner, Jules
Scheffrin, R. E.
Scheinin, Benjamin
Scheinker, Wm. H.
Schenker, Norman L.
Schenker, Philip
Scher, Robert
Scherer, Charles
Scherr, Melvin G.
Scherr, Morton B.
Scherr, Norma L.
Scherr, Stanley
Schieser, David Wm.
Schiff, Harry David
Schiff, Howard R.
Schiff, Nathan
Schiltneck, Fanny
Schiltneck, C. N.
Schimmel, M. S.
Schindel, Harry E.
Schindel, Samuel L.
Schindel, Howard E.
Schindler, Ronald E.
Schireson, Henry J.
Schirman, Dr. R. J.
Schisler, Chas. H.
Schlackman, Milton
Schlaen, Mildred
Schlaifsteyn, R.
Schley, Steiner
Schlinger, Howard R.
Schlosser, Roy B.
Schmalzer, W. J., Jr.
Schmidt, August W.
Schmidt, Chas. J., Jr.
Schmidt, F. Herman
Schmidt, Jacob E.
*Schmidt, Edwin A.
Schmidt, E. Albert
Schmidt, Geo. M.
Schmidt, Herman
Schmidt, Samuel
Schmitt, Fred J.
Schnaper, Morton J.
Schneider, Allan M.
Schneider, Edwin J.
Schneider, Harold
Schneider, Jack
Schneider, Marvin
Schneider, Richard J.
Schneyer, Herbert D.
Schochet, Paul
Schonfeld, Gerald
Schoenrich, Herbert
Schonfeld, Paul
Schor, Leo
Schotta, Elbert Wm.
Schrader, Harry L.
Schreibstein, Chester
Schroeder, J. H.
Schucalter, Harry B.
Schucalter, Morris E.
Schulte, C. J. A., Jr.
Schulte, C. M.
Schulte, Edward Lee
Schulte, Henry C.
Schulte, John A.
Schultze, Hugo F.
Schuman, Joseph M.
Schumann, Henry V.
Schumm, Fred. A.
Schuster, Gerald D.
*Schuster, John N.
Schutz, Edward A.
Schwartz, B. M.
Schwartz, David I.
Schwartz, George
Schwartz, Harry
Schwartz, Henry
Schwartz, Francis H.
Schwartz, J. W.
Schwartz, Jerome
Schwartz, John T. C.
Schwartz, Martin
Schwartz, Milton
Schwartz, Nathan
Schwartz, Sorell Lee
Schwartz, Theo. H.
Schwartzburt, I. L.
Schwartzman, A. H.
Schwatka, W. H., Jr.
Scigliano, John A.
Sclar, Morton J.
Scola, Joseph
Scott, Donald W.
Scott, Edward A.
Scott, Edward D.
Scott, Jennings B.
Scott, Kent W.
Sciarra, John Jack
Scott, David I.
Scoll, Lea H.
Scott, S. M., Jr.
Sealfon, Irwin I.
Seamans, Eugene A.
Sears, Edward DeF.
Sedam, Richard L.
Seechuk, William W.
Seely, Hattie May
Seff, David Joseph
Segal, Ivan George
Segal, Julius
Segal, Sol C.
Segall, Jacob Roth
Segel, Harry
Seibert, Stanley
Seidel, Harry Louis
Seidman, Henry G.
Seidman, Sidney B.
Seigle, S. S.
Seldeen, Martin
Seldin, Isadore
Sellers, Harry H.
Seltzer, Leonard A.
Semer, Gerald M.
Sencindiver, J. H.
Senger, Joseph A.
Sennhenn, William
Serpick, Jacob
Settleman, Jerome
Settler, Alan Lee
Settler, Myer Martin
Seward, Mary E.
Seward, William W.
Sexton, Moses
Shackelford, H. S.
Shaffer, Frederick R.
Shaffer, E. Herbert
Shaffer, Lawrence F.
Shaffer, Harry P.
Shalita, Jack Saul
Shalowitz, Marion
Shank, Earl E.
Shannon, Donald A.
Shapiro, Albert A.
Shapiro, Henry
Shapiro, Jerome B.
Shapiro, Joseph Saul
Shapiro, Leonard Jay
Shapiro, Lionel M.
Shapiro, Max
Shargel, Martin C.
Shaughnessy, Sister Zoe
Shea, Harold J.
Shea, John W.
Shear, Joseph
Shear, Morton I.

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*Deceased

Shearer, Nancy Lee
Sheer, Lawrence
Sheetz, Randall L.
Sheftelman, David
Shein, Sidney
Shellenberger, J. H.
Sheller, Samuel J.
Shelton, Wesley N.
Shemer, Stuart
Shenker, Allan B.
Shenker, Arthur
Shenker, Morris
Shenker, Sherman H.
Shepherd, Edward C.
Shepherd, Fred. P.
Sherer, Gerald
Sherman, Alan
Sherman, L. F.
*Sherman, Louis L.
Sheroff, Seymour
Sherr, Allan Robert
Sherr, Bernard Erwin
Sherr, Harold G.
Sherry, David
Shershow, Harry
Sherwood, Margaret Frances
Shestack, Robert
Shevitz, Bertram M.
Shields, Arthur P.
Shimanek, L. J.
Shimkus, Michael A.
Shipler, James Parker
Shipley, Albert R.
Shipley, H. Clinton
Shirey, Ronald L.
Shoben, Gerald
Shoben, Jacob
Shochet, Irving Edw.
Shochet, Melvin
Shocket, Sidney
Shoemaker, Ross F.
Shoemaker, T. A., Jr.
Shoemaker, W. C.
Shoemaker, W. G., II
Shook, Joseph Wm.
Shoolin, Samuel
*Shore, W. S.
Showacre, Harry A.
Showalter, Claude M.
Showman, A. R.
Shpritz, Esther H.
Shpritz, Stuart
Shulman, Emanuel V.
Shulman, Joel
Shulman, Shirley S.
Shumway, M. A., Jr
Shupe, B. F.
Shupe, J. B.
Shure, Arthur A.
Shure, Bernard G.
Shure, Irwin
Shuster, Leon Paul
Siegel, Alvin Morton
Siegel, Arnold
Siegel, Harold H.
Siegel, Harold W.
Siegel, Irving I.
Siegel, Lawrence R.
Siegel, Paul
Sienkielewski, R. B.
Sifen, Paul
Silberg, Edgar Mano
Silberg, Harvey G.
Silberman, Irving
Silberman, Joseph J.
Silbert, Andrew W.
Silen, Irvin
Silnutzer, Meyer
Silver, Benjamin J.
Silverman, Albert M.
Silverman, Irvin I.
Silverman, Sidney
Silverman, Sylvan B.
Silverman, Sylvan L.
Silverstein, Bernard
Silverstein, Fred
Silverstein, Morton I.
Simmons, Harry P.
Simmons, Leslie D.
Simms, Thomas
Simon, Alder Irvin
Simon, Alvin
Simon, Melvin
Simonoff, Robert
Simonson, John W.
Simpson, Francis P.
Simpson, John F.
Sinclair, Theodore B.
Sindler, Melvyn M.
Singer, George D.
Singer, Harold B.
Singer, Isidore E.
Singer, John V.
Singewald, A. G.
Singman, Henry D.
Sinker, Robert S.
Siracusa, Frederick
Sirkis, Marvin P.
Sirota, Leo Robert
Sisco, Samuel
Sisk, Joseph F.
Sites, William A.
Skaft, William
Skiba, Michael J.
Skibinski, Emil J.
Sklar, Isidore Allen
Skolaut, Milton W.
Skrickus, Joseph A.
Skruch, Walter John
Skup, David A.
Slama, Frank J.
Slay, J. B.
Slayton, Mary T.
Sloan, Harold T.
Slough, Herbert E.
Slusky, Louis B.
Small, Bessie B.
Small, Howard A.
Small, Isidore Irvin
Smith, Arthur Wesley
Smith, Bernard T.
Smith, Camie P.
Smith, Claude N.
Smith, Daniel Earl
Smith, David R.
Smith, Edward
Smith, Edgar C.
Smith, George G.
Smith, George M.
Smith, Heber
Smith, Henry W.
Smith, Herbert C.
Smith, Howard T.
Smith, John Joseph
Smith, Jos. I.
Smith, Julius A.
Smith, Lewis Ayer
Smith, Martin
Smith, Maurice R.
Smith, Morton
Smith, Murray P.
Smith, Paul K.
Smith, Pierre Frank
Smith, Robert Wells
Smith, Raymond H.
Smith, Rudolph R.
Smith, Rudolph, Jr.
Smith, Sanford D.
Smith, Theodore S.
Smith, Thomas S.
Smith, T. W.
Smith, Walter N.
Smith, W. Harry, Jr.
Smith, William E.
Smith, William H.
Smith, William W.
Smithers, Norman R.
Smithers, Thomas J.
Smoot, A. C.
Smulevitz, Irving
Smulovitz, David
Smulovitz, Sidney
Snavely, R. W.
Snell, Tom J.
Snellinger, J. E.
Sniadowski, A. J.

*Deceased

Snively, Fred H.
Snyder, Erwin C.
Snyder, Jerome
Snyder, Larry Albert
Snyder, Nathan
Snyder, Nathan M.
Snyder, Paul Jay
Snyder, Robert Ed.
Snyder, William T.
Sober, Norman
Soladar, Augusta L.
Sollod, Aaron Charles
Sollod, Herbert S.
Sollod, Joseph A.
Sollod, Melvin J.
Sollod, Sylvan J.
Solomon, Sam
Solomon, Simon
Solomon, S. Samuel
Solomon, Sylvan E.
Solsky, Robert M.
Somerlatt, Virginia G.
Somers, Grover S.
Sommer, Werner J.
Sopher, Martin J.
Sophocleus, G. J.
Sosnoski, Walter J.
Sosnowik, Lewis
Sowell, Sam
Sowbel, Irving
Sowbel, Philip
Soyles, James S.
Spahn, J. A., Jr.
Spain, Sister Lydia
Spangler, Kenneth G.
Spano, Arthur N.
Speaker, Tully J. J.
Spear, Murray C.
Spearbeck, Edward D.
Spellman, Sister Mary Rita
Spence, Clarence G.
Sperandeo Frank J.
Spicer, O. W.
Spiegelman, Robt. W.
Spigelmire, C. E.
Spike, Sidney
Spittel, Robert John
Spittle, Elmer
Sprague, Victor Hugo
Sprecht, Charles E.
Springer, Lewis Rex
Sprowls, Winfield S.
Sprucebank, Harry E.
Sprucebank, Roy A.
Stafford, Earle A.
Stahl, Charles W.
Stahl, Willam M.
Stahlhut, Carl W.
Staley, Clifton B.
Staller, Abraham
Stam, Lillian R.
Stambosky, Louis
Stancill, George W.
Standiford, Isaac W.
Stank, Janice P.
Stank, Kenneth E.
Stark, Alvin
Stark, John Walter
Starr, Harvey
Startt, William A.
Statter, Irvin Barry
Stattner, Milton
Staub, Brown Chas.
Stauff, John
Stauffer, Howard C.
Stavely, Roy S., Sr.
Steel, Harold
Steele, Frank John
Steele, Wm. Richard
Stecher, Joseph L.
Steffe, John W.
Stehl, Justus
Stehl, Gustav L.
Stehl, J. V.
Stein, Martin Edw.
Stein, Milton R.
Stein, Norman A.
Steinberg, Bernard
Steinberg, Louis
Steinberg, Oscar H.
Steinberg, Sherman
Steiner, Albert
Steinhardt, Abraham
Steinhilber, Richard
Stem, Albert W.
Stempel, Edward
Sterling, A. L.
Sterling, Elmer W.
Stern, Albert W.
Sterner, Paul E., Jr.
Stetson, Ross C.
Stevens, S. E
Stewart, John Wesley
Stewart, Milton Ellis
Stewart, Ralph B.
Stewart, Samuel H.
Stewart, William H.
Sticha, Joseph
Stichel, William
Stichman, Solomon
Stidger, Hugh
Stiekman, Robert B.
Stierer, Raymond L.
Stiffman, George J.
Stiffman, Jerome A.
Stillwagon, Larmar J.
Stimek, Joseph A.
Stine, Harry
Stokes, Edward V.
Stokosa, Milton J.
Stolberg, Edward B.
Stoler, Myer
Stombler, C. R.
Stone, Harry
Stone, Joseph J.
Stone, S. W.
Storm, Norman F.
Stotlemeyer, Chas. K.
Stotler, Robert P.
Stouffer, Harvey V.
Stout, Warren E.
Straight, Fred S.
Strasburger, Melville
Strasburger, Wm. R.
Stratmann, George M. C.
Strauch, John J.
Strauch, Joseph
Strauss, Austin
Strauss, Bernard H.
Strauss, Leo
Strauss, Leon
Streett, Edmund O.
Streett, Mechem E.
Strevig, John Alfred
Stribler, J. H.
Striner, Benjamin
Strite, W. E.
Struntz, James P.
*Sturgiss, A. G.
Stutt, J. Harry
Sudler, Arthur E.
Sudler, Charles C.
Sudler, Foster
Sugar, Harold S.
Sugar, Victor J.
Sulewski, B. A.
Sullivan, Clarence B.
Sullivan, Daniel S.
Sullivan, Fred G.
Sullivan, Howard D.
Sullivan, William F.
Sullivan, William J.
Sultan, Walter E.
Sumrall, James Coy
Sunshine, Abraham J.
Surell, Howard S.
Surratt J. Harry
Survil, Anthony A.
Susel, Benjamin E.
Sussman, Bernard
Sussman, Hyman J.
Sussman, Sidney
Suter, Thomas J.
Suto, Frank Jacob
Svec, Robert Joseph
Swain, Clyde C.
Swain, Robert Lee
Swain, Wilson B.

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*Deceased

Swartz, Charles J.
Swartz, Harold A.
Swartz, Irving E.
Swiss, Nancy Lee
Swiss, F. L.
Symons, Julius
Syracuse, Samuel F.

T

Tabak, William
Tabler, C. W.
Taetle, Herman I.
Tagg, Norman H.
Taliaferro, W. B.
Taich, Louis
Tam, Clement W. S.
Tamberino, Frank J.
Tamburo, Samuel J.
Taransky, Allen A.
Tarantino, John Thos.
Tate, Joseph McCall
Tattar, Leon Lee
Taylor, Gary Louis
Taylor, Joseph S.
Taylor, R. W. W.
Tee, Harry C., Jr.
Teets, Donald E.
Telasha, Donald A.
Tenberg, David Paul
Teramani, J. A.
Terrell, Alexander A.
Tesman, Jacob
Thal, Johann M.
Thayer, Franklin E.
Thayer, H. T.
Theodore, R. M.
Thieme, G. C.
Thiess, Robert E.
Thomas, Frank J., Jr.
Thomas, George R.
Thomas, George S.
Thomas, John R.
Thomas, Oscar B.
Thomas, Robert Willis, Jr.
Thome, Charles C.
Thorne, Charles F.
Thrall, Ralph B.
Thompson, J. West
Thompson, Joseph E.
Thompson, Paul H.
Thompson, Robert E.
Thompson, Wm. P.
Thorne, Jean Musey
Thornton, Henry L.
Thornton, William H.
Thorp, Clare Faye
Thron, Edward, Jr.
Tillery, John Wm.
Timmons, W. D., Jr
Tinelli, Vito, Jr.
Tingle, M. W.
Tinney, Francis J.
Tipton, Frank B.
Title, Irwin
Titlow, H. B.
Titus, Sister Mary I.
Tober, Theodore W.
Tobias, I. Herbert
Todd, Harvey E.
Todd John C.
Todd, Robert Cecil
Toelle, Milton F.
Tokar, Elliot Sanford
Tolson, Bert D.
Tompakov, Sylvan
Tomsko, Robert F.
Toole, Frank Leo
Topakas, George A.
Topchik, Howard
Toulson, John M.
Tountas, Chris Peter
Tourkin, David
Traband, M. T., Jr.
Trachtenberg, Doris
Trageser, Jacqueline
Tralins, Julius Jos.
Tramer, Arnold
Tregoe, Charles H.
Trehern, J. Curtis
Tremaine, Stanley A.
Tremaine, Warren L.
Toronto, Nicholas A.
Treichel, Thomas K.
Tritle, Richard R.
Tronwood, Thos. G.
Troxel, J. G.
Troxell, Will F.
Truax, J. L.
*Truitt, D. J. O.
Truitt J. Gordon
Truitt, James W., Jr.
Truitt, Charles R.
Trull, Alfred C.
Truxton, Charles O.
Trygstad, Vernon O.
Tucker, Alexander
Tucker, William C.
Tucker, William W.
Tumas, John
Tumbleson, Arthur L
Tumbleson, A. M.
Tumbleson, Chas. C.
Turlington, R. A.
Turner, A. F., Jr.
Turner, Zachariah III
Turpin, E. S.
Turpin, H. J.
Twigg, Theodore K.
Tyerell, M. R.
Tyler, John Paul

U

Uhler, Gerard M
Ulan, Martin S.
Ullman, Donald A.
Undang, Arnold
Urlock, John P., Jr.
Urspruch, William G.

V

Van Allan, Peter
Vandervort, Patricia Pitsenberger
Van Duzer, Roberta
Vansant, Bayard
Van Slyke, Amos R.
Vasper, David Robert
Veasey, John
Vehrencamp, E. L.
Veith, Sally Evans
Velinsky, Sylvia Lois
Venick, Marvin L
Verchik, John Wm.
Vezina, Armand B.
Vicino, Dominic J.
Vidal, Manuel J.
Vilkas, Leo J.
Vinson, R. B.
Visel, C. G.
Vodenos, Philip N.
Volkman, Maurice M.
Volpe, William J.
Vogel, George
Voigt, Herman A.
Vojik, Edward C.
Von Doelle, J. H., Jr.,
Vondracek, John W.
Voshell, William F.
Voshell, William Jr.
Voxakis, George C.

W

Wachsman, Irvin L.
Waddell, Samuel J.
Wagenheim, Zelick
Waggoner, Edgar G.
Wagman, Barlow J.
Wagman, Mishel H.
Wagner, Betty G.
Wagner, Fred. H. J.
Wagner, George W.
Wagner, Karl G.
Wagner, Charles H.
Wagner, Phyllis H.
Wagner, Raphael H.

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*Deceased

Wailes, Henry S.
Wainger, Edward
Waitsman, Earl S.
Walb, Winfield A.
Walb, Winfield S.
Walch, Edward E.
Wald, Sheldon G.
Waldsachs, Joseph J.
Waldman, Alvin M.
Waldman Jacob
Walker, Alfred
Walker, C. H.
Walker, Carl Samuel
Walker, Paul A.
Walker, R. H.
Walkling, Walter D.
Wallace, Joseph T.
Waller, Irvin Robert
Waller, William J.
Wallis, Henry Hill
Wallis, Walter
Walman, Morris
Walsh, Richard J.
Waltemeyer, J. T.
Walter, James B., Jr.
Walter Norman W.
Walton, Tracy McC.
Walts, David Y.
Waltz, Bradley H.
*Waltz, George H.
Walz, Jacob L.
Walzer, Adolph
Waltzinger, A. F., Jr.
Wannenwetsch, J. F.
Waples, Wm. Ewing
Ward, Francis X.
Ward, Michael J.
Ward, Stark
*Wareham, E. A.
Warfield, Albert H.
Warfield, S. Roland
Warfield, Harry N.
Wargell, Walter F.
Warnefeld, Wm. H.
Warner, J. Lewis
Warner, William
Warren, Daniel A.
Warren, Jerome B.
Warren, J. Noble
Warrenfeltz, J. Fred.
Warrington, C. L., Jr.
Warshaw, Samuel E.
Warthen, John D., Jr.
Wassell, Theodore J.
Wasserman, L. W.
Wasserman, Louis W.
Waterman, H. E.
Waterman, R. H.
Waters, Charles C.
Waters, Joseph Thos.
Waters, James K.
Watkins, J. W.
Watkowski, Milton R.
Watts, C. C.
Watts, Edward N.
Watts, Howard C.
Watts, H. R.
Watts, John Wesley
Waxman, Milton M.
Way, J. Louis
Weaver, Frank H.
Weaver, Warren E.
Webb, James S.
Weber, Edward
Webster, Samuel E.
Webster, Thomas C.
Weeks, John A.
Wegad, Evelyn
Wehler, Randolph
Wehner, Daniel G.
Weinbach, Eugene C.
Weinberg, Harry
Weinberg, M. A.
Weinberg, Myron S.
Weinberg, Sydney G.
Weinberger, Sally D.
Weiner, Alex
Weiner, Bernard
Weiner, David
Weiner, Leon
Weiner, Martin
Weiner, Morton H.
Weiner, Phillip P.
Weiner, Solomon
Weiner, William
Weingarten, J. H.
Weinshenker, A.
Weinstein, Daniel D.
Weinstein, Jack J.
Weinstein, Michael L.
Weisberg, Ruth R.
Weiss, Bernard
Weiss, Robert
Welch, Louis J. F.
Welland, Arthur I.
Wells, C. Milton
Wells, Henry C.
Wells, John S.
Welsh, Charles R.
Weltner, William
Wendel, H. George
Wenschhof, Donald E.
Werley, LeRoy D., Jr.
Wertheimer, Samuel
Wesley, Maris P.
Wesolowski, Frank J.
West, Charles C.
West, Fred Ralph
West, Henry A.
West, Erasmus
Wetchler, Solomon
Whaley, Wilson M. Jr.
Wharton, John C.
Wharton, Thomas P.
Wharton, Zodak P.
Whayland, Sewell H.
Wheeler, Ann W.
Wheeler, John B., III
Whise, Kenneth J.
White, Bernard N.
White, G. W.
White, Geo. Spencer
White, E. Riall, Jr.
White, Luther
White, Marilyn J. W.
White, Pinkney M.
White, Thomas F.
White, Thomas N.
Whitefield, James M.
Whiteley, Roland S.
Whiteley, William S.
Whitesell, Elwood E.
Whitesell, Reese E.
Whiteside, Wm. B.
Whitiker, C. Irwin
Whitley, L. B.
Whittaker, E. W.
Whittemore, Edwin
Whittle, G. W.
*Whittle, Harry L.
Whittle, Thomas S.
Whittle, William A.
Wich, Carlton E.
Wich, Henry E.
Wich, J. Carlton
Wickham, John J.
Wiederkehr, Martin
Wiener, Maurice
Wienner, Herbert
Wight, F. L., Jr.
Wilder, Earle M.
Wildsmith, Thos. H.
Wiley, Robert Allen
Wilhelm, Clarence W
Wilkens, J. H.
Wilkerson, Albert R.
Willard, Jester J.
Wille, Harry R.
Willer, Rose P.
Willer, William
Williams, Alfred S.
Williams Arza G.
Williams, Clyde G.
Williams, Edward B.
Williams, William O.
Williamson, C .S.
Williamson, E. L.
Williamson, J. A.
Williamson, Richard J.

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*Deceased

Willis, Henry N.
Willke, Herbert H.
Wilson, Franklin D.
Wilson, H. J.
Wilson, John Jacob
Wilson, Joseph A.
Wilson, Sister M. Joan of Arc
Wilson, W. M., Jr.
Wilson, W. W.
Wilson, Walter W.
Wilson, Wilfrid A. N.
Winakur, Arthur
Windsor, Lester D.
Winger, David Z.
Winger, Effie V.
Winkleman, Leonard Louis
Winkler, William H.
Winn, Solomon
Winslow, Edwards F.
Winstead, Oliver P.
Winter, Samuel
Winternitz, R. F.
Wirth, Ferdinand F. Jr.
Wishner, Arnold B.
Withers, James B.
Witt, Richard L.
Wittik, Jerome S.
Witzel, John F.
Witzke, Carl H.
Witzke, Louis Henry
Wlodkowski, E. M. J.
Wode, Alvin E. W.
Woehner, Walter A.
Wojcik, Frank R.
Wolf, Charles A.
*Wolf, D. Earl
Wolf, G. Ernest
Wolf, Nathan
Wolf, Robert F.
Wolfe, Eddie
Wolfe, G. H.
Wolfe, J. Albert
Wolfe, James J.
Wolfe, Morris
Wolfe, W. H.
Wolff, E. E.
Wolford, Keith H.
Wolfovitz, Martin I.
Wolfovitz, Sam
Wolinsky, Leon H.
Wollman, Joseph I.
Wolpert, Arthur
Wolsiewick, R. F.
Wood, Marguerite L.
Woltman, Enos Fred
Wong, Margaret
Wong, Ronald J.
Woodland, John C.
Woodman, Harrison Payne
Woods, F. D.
Woodward J. S.
Woodward, J. S., Jr.
Woolford, Elmer B.
Wooten, R. O.
Worden, Lloyd G.
Worrall, Fred. W.
Worthington, Eugene
Wright, Fred N.
Wright, Henry D.
Wright, John H.
Wright, Joseph
Wright, Joseph E.
Wright, L. R.
Wright, Myron J.
Wright, Thomas G.
Wright, L. B., III
Wright, Lawrence M.
Wroth, Emory S.
Wyatt Blanche B.
Wylie, H. Boyd, Jr.

Y

Yager, Frank
Yaffe, Morris Robert
Yaffe, Samuel S.
Yaffe, Stanley J.
Yankeloff, Louis G.
*Yarmack, Morris H.
Yarmosky, Jack J.
Yaros, Rudolph R.
Yevzeroff, Benjamin
Yevzeroff, David A.
Yevzeroff, J. E.
Yohn, Charles R.
Yospa, Irvin
Yost, Frederick
Youch, Charles A.
Young, Charles L.
Young, Donald Roy
Young, George I, Jr.
Young, Paul Roscoe
Young, Ralph Victor
Yousem, Jonas J.
Yuscavage, Wm. J.

Z

Zajac, Walter C.
Zaleski, Raymond A.
Zalevsky, Sidney M.
Zalucky, Theodore B.
Zamecki, Robert J.
Zappulla, Santo A.
Zarych, Joseph F.
Zeigler, Gervis B.
Zeller, Chas. B. Boyle
Zenitz, Barnard L.
Zentz, Milton
Zerwitz, Warren G.
Zetlin, Henry
Zerofsky, Frank
Zerofsky, Harold
Zervitz, Max M.
Zerwitz, Irving F.
Zerwitz, Sidney
Zeytoonian, Carl L.
Ziegler, Charles L.
Ziegler, John H.
Zilber, S. Nathan
Zimmer, David J.
Zimmerman, E. R.
Zimmerman, E. F.
Zimmerman, L. M.
Zimmerman, M. I.
Zimmerman, T. E.
Zimnoch, Francis X
Zinberg, Milton M.
Zink, William P.
Zolenas, A. J., Jr.
Zuchowski, Victor L.
Zucker, Paul
Zukerberg, Morris
Zulty, Joan H.
Zvares Simon

*Deceased

REGISTERED ASSISTANT PHARMACISTS IN MARYLAND

The following list of Assistant Registered Pharmacists is furnished by and with the authority of the Maryland Board of Pharmacy, and every care has been taken to make the list accurate in every detail. However, should any errors be noted, please notify the Secretary of the Maryland Board of Pharmacy, 301 West Preston Street, Baltimore, Maryland.

A

Adalman, Philip
Adams, E. Raymond
Albert, Arleigh H.
Amberg, Richard O.
Anderson, W. A.

B

Baker, Harry B.
Baker, James I.
Balmert, Frank C.
Barr, William W.
Barrett, Francis O.
Barrow, Edward W.
Bell, Elizabeth A.
Bercowitz, B. J.
Bere, J. G.
Bernstein, Joseph
Biggs, Eldridge F.
Blatt, Henry
Blizzard, Ella M.
Boone, Wiley James
Bowmeyer, Alvin S.
Brandenburg, L. R.
Briele, August Kern
Brille, F. R.
Brooks, Homer C.
Brown, Emma H.
Brown, William
Bryan, Arthur H.
Buffington, Mrs. M.E.
Burton, Perry P.
Buschman, Geo. W.

C

Caldwell, Gerald E.
Caplan, Abraham
Carter, Clarence L.
Chaires, Clifton M.
Cherry, John M.
Christ, Edwin L.
Christopher, H. B.
Cizek, George
Clarke, Hugh V.
Cohen, Morris G.
Collenberg, Girdwood
Colona, Clarence J.
Colston, Benjamin A
Copes, James
Corbett, E. S.
Cotter, Edward F.
Councell, E. W.
Crammer, D. Preston
Cronin, T. Arthur
Crowther, Aloha H.
Cutchin, William M.

D

Davis, Edward Mann
Davis, Robert G.
Dayhoff, Edward B.
Deal, Justin
Deiter, Louis V.
Dentelhauser, L. T.
Derry, John W.
Dickinson, Frank M.
Diggs, Paul A.
Dougherty, Carl E.
Dryden, William H.

E

Easton, Maurice C.
Edwards, Gustav A.
Eichner, George W.
Eselhorst, Albert R.

F

Fearson, E. T.
Fehler, Charles E.
Fehler, John F.
Feitelberg, Samuel L.
Fields, William A.
Fiske, Christian
Flack, Herbert L.
Flounders, Mark E.
Flynn, Paul Francis
Forein, Belle
Forsythe, William F.
Fox, Lester
Fox, William R.
Frazier, Henderson S.
Full, R. F.
Funk, John W.

G

Gilmer, Franklin S.
Glantz, Hiram A.
Glick, S. Shipley
Goldman, Samuel M.
Green, William F.
Grote, Francis C. E.

H

Hague, Aldred E.
Habliston, Charles C.
Harley, John V.
Hassen, John E.
Heise, John E.
Heise, Fred H.
Herman, Mrs. H. G.
Hersey, Walter H.
Hicks, F. I.
Hinton, George H.
Hipsley, Oscar
Holewinski, John A.
Holloway, M. A.
Hood, Thomas E.
Hope, John W.
Hopkins, Annie M.
Horn, Amanda I.
Hughes, Harry C.
Hughes, Ephraim G.
Humphreys, Wm. G.
Humphreys, W. B.
Hunter, Livingston O.
Hurd, A. E. S.

I

Ichniowski, Casimer T.
Ireland, Philip B.

J

Jester, Henry F.
Jones, Albert B.
Jones, Howard Wm.
Jones Paul C.

K

Kahn, Edmund
Kammerer, Wm. H.
Keenan, Robert
Keenan, Walter S.
Keller, J. E.
Kinner, Harold C.
Kirby, Robert M.
Klepper, Charles F.
Klink, John C.

Kolb, Edwin
Kolb, Walter R.
Kremer, Isaac
Kress, Milton B.

L

Lambden, Francis A.
Lankford, Henry M.
Lautenbach, F., Jr.
Lautenbach, Geo. W.
Leary, Anna W.
Leberman, S. K. L.
Lee, Russell E.
Leiva, Carlos E.
Lemke, William F.
Lennan, Samuel C.
Levin, Milton
Lewisson, Harry
Lilly, W. I.
Lingo, Robert W.
Litsinger, Vernon L.
Lloyd, George A.
Lytle, E. C.

M

McClenny, Dick C.
McCormick, Arthur F.
McDonald, Joseph F.
McKay, Wm. Kenny
McKenna, W. C.
Mace, W. S.
Machin, Frank H.
Main, Clarence Z.
Marek, Charles D.
Marley, John V.
Martz, Wm. E.
Matthew, W. S.
Mayer, Fred
Mayers, Harry J.
Meck, Charles H.
Meredith, Charles L.
Meyers, George
Michael, V. B.
Michael, M. Harlan
Mikules, Cordelia L.
Millet, Joseph
Minchewer, W. H.
Moore, Sarah S.
Morgan, Walter L.
Mullikin, John F.
Mund, Maxwell H.
Murphey, Joseph A.

N

Newman, George L.
Newmeyer, Alvin S.
Norton, John C.
Nusbaum, Clement I.

O

Otto, Harry C.

P

Parker, George H.
Parr, Newton I.
Payntel, Clara S. M.
Petts, George E., Jr.
Pharr, D. C.
Phillips, Benton S.
Phillips, Edwin J.
Porterfield, Milton P.
Powers, John W.
Powers, James W.
Pressler, W. H.
Price, Roscoe D.
Proctor, S. Howard

Q

Quinn, Egbert L.
Quinn, J. Louis

R

Raiva, Philip
Ramsay, Thomas L.
Rauck, Arthur E.
Rauth, John Wm
Raynor, Clark S.
Reckitt, Charles E.
Renanhan, John L.
Richardson, L. A.
Riff, Charles
Ritch, Thomas W.
Robinson, H. M., Jr.
Robinson, James
Rowe, Grace E.
Rubin, Mortimer M.
Rudo, Nathan
Ruhl, Emma
Russel, W. M.

S

Sacks, Milton S.
Sanders, Albert J.
Sauer, Mary Louisa
Saunders, Thomas S.
Schnabel, William T.
Schochet, George
Schulte, August W.
Schwartz, Daniel J.
Scott, Virginia P.
Sears, Florence
Sencendiver, Jacob P.
Sharrett, George O.
Sheman, George P.
Shipley, Samuel H.
Shivers, M. L.
Skilman, L. G.
Smith, J. Moseley
Smith, Leroy A.
Sprague, Lewis H.
Stacey, T. E., Jr.
Staling, J. C.
Stanward, M. Benton
Stevenson, W. H.
Stimmer, Richard E.
Stiner, Wilbur C.
Stouffer, Clyde R.
Stouffer, Rankin
Strause, Geo. Alvin
Suter, Louis A.

T

Talbott, D. Russell
Taylor, James Alfred
Thomas, George W.
Thome, E. Reynolds
Thompson, Jerome J.
Thompson, Oma M.
Thomson, J. A.
Todd, Arch McA.
Totz, Hammond
Toulson, Hattie I.
Toy, Arthur T.
Trail, Edith I.
Trainor, William J.
Trattner, James N.
Troxel, Effie M.

V

Von Helms, Ernest
Vosatka, John

W

Walch, William F.
Walter, J. W.
Waltham, Alan P.
Walton, H. Webster
Ward, Harry E.
Watts, S. Tarlton
Weaver, Harry C., Jr.
Weaver, Lincoln R.
Weller, Argie G.
Weller, Charles G.
Weller, Harry
White, Earle C.
White, Robert C.
Wiggers, Clarence H.
Wiernik, Clarence
Williams, Amos C.
Williams, C. D.
Wilson Joseph O.
Wolf, Alan G.
Woodward, C. P.
Wrenick, Clarence
Wright, Edna Kirk
Wright, Loretto
Wright, Walter T.

Y

Young, H. W.

Z

Zacharias, Edwin

OFFICERS OF THE ASSOCIATION SINCE ITS ORGANIZATION

Presidents

1883—J. J. Thomsen
1884—D. C. Aughinbaugh
1885—E. Eareckson, M. D.
1886—A. J. Corning
1887—William Simon, M. D.
1888—J. Walter Hodges
1889—M. L. Byers
1890—E. M. Foreman
1891—Columbus V. Emich
1892—John Briscoe, M. D.
1894—John F. Hancock
1895—Henry J. Hynson
1896—H. B. Gilpin
1897—W. C. Powell
1898—Robert S. McKinney
1899—A. R. L. Dohme
1900—Wm. E. Turner
1901—Louis Schulze
1902—J. Webb Foster
1903—W. E. Brown
1904—H. Lionel Meredith
1905—M. A. Toulson
1906—J. E. Hengst
1907—Owen C. Smith
1908—W. M. Fouch
1909—John B. Thomas
1910—Charles Morgan
1911—James E. Hancock
1912—D. P. Schindel
1913—J. Fuller Frames
1914—J. F. Leary
1915—Geo. A. Bunting
1916—Thomas M. Williamson
1917—Eugene W. Hodson
1918—W. H. Clarke
1919—D. R. Millard
1920—G. E. Pearce
1921—R. E. L. Williamson
1922—A. L. Lyon
1923—C. L. Meyer
1924—W. K. Edwards
1925—S. Y. Harris
1926—H. A. B. Dunning
1927—Harry R. Rudy
1928—Howell W. Allen
1929—Geo. W. Colborn, Jr.
1930—L. S. Williams
1931—Wm. B. Spire
1932—L. M. Kantner
1933—L. V. Johnson
1934—Andrew F. Ludwig
1935—Harry W. Matheney
1936—Melville Strasburger
1937—Robert L. Swain
1938—A. A. M. Dewing
1939—A. N. Hewing
1940—Lloyd N. Richardson
1941—T. Ellsworth Ragland
1942—Elmer W. Sterling
1943—Frank L. Black
1944—Ralph C. Dudrow
1945—Harry S. Harrison
1946—Albin A. Hayman
1947—Charles S. Austin, Jr.
1948—Milton J. Fitzsimmons
1949—Nelson G. Diener
1950—Howard L. Gordy
1951—William E. Waples
1952—Manuel B. Wagner
1953—Otto W. Muelhause
1954—Lester R. Martin
1955—Hyman Davidov
1956—Frank J. Macek
1957—George M. Schmidt
1958—Frank Block
1959—Gordon A. Mouat
1960—Harold M. Goldfeder
1961—Norman J. Levin
1962—Victor H. Morgenroth, Jr.

First Vice-Presidents

1883—C. W. Crawford
1884—Steiner Schley
1885—Levin D. Collier
1886—Joseph B. Boyle
1887—C. W. Crawford
1888—C. H. Redden
1889—D. M. R. Culbreth
1890—Chas. Caspari, Jr.
1891—John Briscoe, M. D.
1892—T. W. Smith
1894—Henry P. Hynson
1895—J. W. Cook
1896—Robert S. McKinney
1897—W. S. Merrick
1898—August Schrader
1899—C. C. Waltz
1900—L. R. Mobley
1901—J. Webb Foster
1902—M. A. Toulson
1903—Owen C. Smith

First Vice-Presidents

(Continued)

1904—Mercer Brown
1905—Henry Howard
1906—A. L. Pearre
1907—J. H. Farrow
1908—J. G. Beck
1909—W. C. Aughinbaugh
1910-11—D. P. Schindel
1912—J. Fuller Frames
1913—J. D. Stotlemeyer
1914—G. A. Bunting
1915—Thomas M. Williamson
1916—Eugene W. Hodson
1917—W. H. Clarke
1918—D. R. Millard
1919—G. E. Pearce
1920—R. E. L. Williamson
1921—E. Riall White
1922—C. L. Meyer
1923—W. K. Edwards
1924-25—H. A. B. Dunning
1926—H. R. Rudy
1927—Howell W. Allen
1928—George W. Colborn, Jr.
1929—L. S. Williams
1930—W. B. Spire
1931—L. M. Kantner
1932—L. V. Johnson
1933—Andrew F. Ludwig
1934—Harry W. Matheney
1935—Melville Strasburger
1936-1937—A. A. M. Dewing
1938—A. N. Hewing
1939—Lloyd N. Richardson
1940—T. E. Ragland
1941—Elmer W. Sterling
1942—Frank L. Black
1943—Ralph C. Dudrow
1944—Harry S. Harrison
1945—Albin A. Hayman
1946—Charles S. Austin, Jr.
1947—M. J. Fitzsimmons
1948—Nelson G. Diener
1949—Howard L. Gordy
1950—William E. Waples
1951—Manuel B. Wagner
1952—Otto W. Muehlhause
1953—Lester R. Martin
1954—Hyman Davidov
1955—Frank J. Macek
1956—George M. Schmidt
1957—Frank Block
1958—Gordon A. Mouat
1959—Harold M. Goldfeder
1960—Norman J. Levin
1961—Victor H. Morgenroth, Jr.
1962—William A. Cooley

Second Vice-Presidents

1883—Thomas W. Shryer
1884—A. J. Corning
1885—Henry R. Steiner
1886—John T. Wooters
1887—J. Walter Hodges
1888—J. F. Leary
1889—Joseph B. Garret
1890—D. C. Aughinbaugh
1891—F. A. Harrison
1892—J. Fuller Frames
1894—C. B. Henkel, M. D.
1895—George E. Pearce
1896—Steiner Schley
1897—Louis Schulze
1898—Eugene Worthington
1899—John M. Weisel
1900—J. F. Leary
1901—E. T. Reynolds
1902—W. J. Elderdice
1903—Alfred Lapouraille
1904—H. L. Troxel
1905—J. J. Barnett
1906—Alfred Lapouraille
1907—W. C. Carson, M. D.
1908—Franz Naylor
1909—W. G. Lowry, Jr.
1910—R. E. L. Williamson
1911—J. D. Stotlemeyer
1912—Henry Howard
1913—Geo. A. Bunting
1914—Henry Howard
1915—Eugene W. Hodson
1916—C. K. Stotlemeyer
1917—D. R. Millard
1918—G. E. Pearce
1919—R. E. L. Williamson
1920-21—J. W. Westcott
1922—W. K. Edwards
1923—H. A. B. Dunning
1924—S. Y. Harris
1925—L. L. Kimes
1926—Howell W. Allen
1927—Geo. W. Colborn, Jr.
1928—L. S. Williams
1929—Wm. B. Spire
1930—L. M. Kantner
1931—L. V. Johnson
1932—A. F. Ludwig
1933—Harry W. Matheney
1934—Melville Strasburger
1935—A. A. M. Dewing
1936-37—A. N. Hewing

Second Vice-President

(Continued)

1938—Lloyd N. Richardson
1939—T. E. Ragland
1940—E. W. Sterling
1941—Frank L. Black
1942—Ralph C. Dudrow
1943—Harry S. Harrison
1944—Albin A. Hayman
1945—Charles S. Austin, Jr.
1946—M. J. Fitzsimmons
1947—Nelson G. Diener
1948—Howard L. Gordy
1949—William E. Waples
1950—Manuel B. Wagner
1951—Arthur C. Harbaugh
1952—Lester R. Martin
1953—Hyman Davidov
1954—Frank J. Macek
1955—George J. Schmidt
1956—Frank Block
1957—Gordon A. Mouat
1958—Harold M. Goldfeder
1959—Norman J. Levin
1960—Victor H. Morgenroth, Jr.
1961—William A. Cooley
1962—Solomon Weiner

Third Vice-Presidents

1883—Hugh Duffy
1884—Levin D. Collier
1885—T. W. Smith
1886—J. Walter Hodges
1887—Henry A. Elliott
1888—John Briscoe, M. D.
1889—E. M. Foreman
1890—J. F. Hancock
1891—J. E. Henry
1892—C. B. Henkel, M. D.
1894—George E. Pearce
1895—J. W. Smith
1896—Thomas H. Jenkins
1897—A. Eugene DeReeves
1898—C. C. Ward, M. D.
1899—C. H. Michael
1900—W. E. Brown
1901—O. G. Schuman
1902—W. R. Jester
1903—Henry Howard
1904—Wm. D. Campbell
1905—W. S. Carson, M. D.
1906—A. J. Keating
1907—J. D. Stotlemeyer
1908—H. R. Rudy
1909—E. Riall White
1910—J. P. Keating
1911—W. M. Carson, M. D.
1912—John G. McIndoe
1913—W. H. Clarke
1914—E. W. Hodson
1915—C. K. Stotlemeyer
1916—John I. Kelly
1917—G. E. Pearce
1918—R. E. L. Williamson
1919—J. W. Dorman
1920-21—W. K. Edwards
1922—H. A. B. Dunning
1923—J. H. Farlow
1924—A. C. Lewis
1925—A. N. Hewing
1926—G. W. Colborn, Jr.
1927—L. S. Williams
1928—Wm. B. Spire
1929—L. M. Kantner
1930—L. V. Johnson
1931—A. F. Ludwig
1932—Chas. D. Routzahn
1933—Melville Strasburger
1934—A. A. M. Dewing
1935—A. N. Hewing
1936-1937—Lloyd N. Richardson
1938—T. E. Ragland
1939—Elmer W. Sterling
1940—Frank L. Black
1941—Ralph C. Dudrow
1942—Harry S. Harrison
1943—Frederick B. Eason
1944—Charles S. Austin, Jr.
1945—Milton J. Fitzsimmons
1946—Nelson G. Diener
1947—Howard L. Gordy
1948—William E. Waples
1949—Manuel B. Wagner
1950—Arthur C. Harbaugh
1951—Otto W. Muehlhause
1952—Hyman Davidov
1953—Frank J. Macek
1954—George M. Schmidt
1955—Frank Block
1956—Gordon A. Mouat
1957—Harold M. Goldfeder
1958—Norman J. Levin
1959—Victor H. Morgenroth, Jr.
1960—William A. Cooley
1961—Solomon Werner
1962—Alexander J. Ogrinz, Jr.

Fourth Vice President

1960—Solomon Weiner
1961—Alexander J. Ogrinz, Jr.
1962—Morris R. Yaffe

Secretaries

1883—John W. Geiger
1884-88—M. L. Byers
1889-94—John W. Geiger
1895—J. F. Hancock
1896—Henry Maisch
1897-99—Charles H. Ware
1900—Louis Schulze
1901—02—Owen C. Smith
1903—Louis Schulze
1904—Owen C. Smith
1905—Louis Schulze
1906—Owen C. Smith
1907-1942—E. F. Kelly
1942-52—Melville Strasburger
1953-61—Joseph Cohen
1961-62—Nathan I. Gruz

Treasurers

1883-85—E. Walton Russel
1886-94—Samuel Mansfield
1895—Henry B. Gilpin
1896-98—D. M. R. Culbreth
1899-1900—W. M. Fouch
1901—J. R. Beck
1902-05—H. R. Rudy
1906—G. C. Wisotzki
1907-13—J. W. Westcott
1914-23—S. Y. Harris
1924-29—G. P. Hetz
1930-1936—Harry S. Harrison
1937-1953—J. F. Wannenwetsch
1954-55—Gordon A. Mouat
1955-62—John F. Wannenwetsch

Editors

1925-1939—Robert L. Swain
1939-1952—Melville Strasburger
1953-61—Joseph Cohen
1961-62—Nathan I. Gruz

MARYLAND PHARMACEUTICAL ASSOCIATION

ROLL OF MEMBERS

Active Members—As Of October 1, 1962

(The following addresses are in Baltimore with Zone No. following street, unless otherwise designated.)

Aaronson, Alfred I.	3729 S. Hanover St., 25
Abramowitz, Robert	2401 E. Federal St., 13
Abrams, Arthur M.	1776 N. Sycamore Avenue, Apt. 311, Hollywood 28, California
Abramson, Alfred	325 S. Marlyn Avenue, Essex 21
Agnew, Max	139 E. Main St., Frostburg
Albert, Irvin J.	3811 Canterbury Road, 18
Albrecht, Walter E.	310 Maple Rd., Linthicum Heights
Albrecht, William F.	7423 Baltimore Avenue, College Park
Allen, C. Murray	243 Virginia Ave., Cumberland
Alpern, Elwin H.	1504 15th St., Odenton
Ansell, Max S.	24 E. Madison St., 2
Apitz, Fred W.	6227 N. Charles St., 12
Appel, William J.	6 N. Washington Street, Easton
Applestein, Frank	1045 N. Fulton Ave., 17
August, Henry J.	12 E. Main Street, Thurmont

Bailey, Halcolm S.	8th St. & Philadelphia Ave., Ocean City
Balassone, Francis S.	301 W. Preston St., 1
Bambrick, Vincent C.	154 Race St., Cambridge
Bass, Harry	4224 Pimlico Road, 15
Batie, A. Lester	126 Washington Ave., Laurel
Bauer, Dr. John C.	438 Rosecroft Terrace, 29
Beitler, Ben	423 Patapsco Ave., 25
Beitler, Leonard	4300 Ritchie Hgwy., 25
Belford, Joseph	1601 Edmondson Ave., 23
Berlin, Alvin	Routes 97 & 108, Olney
Berlin, Jerome	1831 W. Mosher Street, 17
Berman, Abraham S.	4512 Erdman Avenue, 13
Berman, Frederic T.	3407 Hamilton Avenue, 14
Bialek, Ted	8218 Wisconsin Avenue, Bethesda
Bindok, Edward J.	3307 Grenton Avenue, 14
Binstock, Albert	8301 Harford Rd., 14
Bishop, Davis N.	6305 Sherwood Rd., 12
Blatt, Thomas H.	7000 Eastern Avenue, #24
Blitz, Louis	8713 Harford Road, 34
Block, Frank	1524 Cypress St., 26
Block, Samuel G.	2901 E. Baltimore St., 24
Blum, Abraham	305 N. Eutaw St., 1
Blumson, Samuel S.	800 E. Baltimore St., 2
Bookoff, Morris	820 Dulaney Valley Road, Towson 4
Bosch, Noel J.	1210 Reisterstown Road, 8
Bourne, Benjamin P.	809 Viers Mill Rd., Rockville
Braden, A. Wayne	920 Ellsworth Drive, Silver Spring
Brill, Phyllis W.	7307 Seven Mile Lane, 8
Brinsfield, J. R.	Center Square, Rising Sun
Brownstein, Milton J.	6901 York Road, 12
Brunnett, William L.	6222 Baltimore Ave., Riverdale

Caldwell, Thomas H.	3038 Clifton Park Terrace, 13
Campbell, Thomas W.	Carter Building, Market St., Denton
Caplan, Bernard S.	7902 Dundalk Ave., Dundalk, 22

Carmel, Joseph .... 4352 Park Heights Ave., 15
Carouge, William, Jr. .... 3 E. Seminary Avenue, Lutherville
Carter, Paul M. .... Main Street, Emmitsburg
Cavacos, Andrew T. .... 1001 W. 36th St., 11
Cermak, Jerome J. .... 3500 Pelham Ave., 13
Chandler, N. W. .... 7037 Defense Hgwy., Landover Hills
Chatkin, Robert H. .... 401 Summit Ave., Hagerstown
Chatkin, William C. .... 819 Washington Avenue, Hagerstown
Cherricks, Robert V. .... 107 W. Green Street, Snow Hill
Cherry, Bernard .... 4627 Harford Rd., 14
Cheslow, Nathan I. .... 110 Patapsco Avenue, 25
Clark, Frank B. .... Ellerslie, Md.
Cohen, Bernard I. .... 2217 N. Fulton Ave., 17
Cohen, Harry C. .... 900 Harlem Avenue, 17
Cohen, Hershel .... 201 W. Franklin St., 1
Cohen, Irving I. .... 5511 Oregon Ave., Arbutus, 27
Cohen, Joseph .... 2509-A Steele Road, 9
Cohen, Nathan .... 1828 E. Baltimore St., 31
Cohen, Samuel .... 1645 E. Baltimore St., 31
Coleberg, Carl L. .... Main St., Preston
Combs, Joseph L., Jr. .... Talbot & Chestnut Streets, St. Michaels
Connor, William J. Commerce Street & Railroad Ave., Centreville
Cooley, William A. .... 100 Valley Street, Cumberland
Cooper, Morris L. .... 700 W. North Avenue, 17
Cragg, James P., Jr. .... 4123 Frederick Avenue, 29
Crozier, John A. .... 901 Curtain Avenue, 18
Cummings, M. T. .... Dunbrooke, Mountain Road, Pasadena
Custis, Harry J., Jr. .... 149 Market Street, Pocomoke City

Dagold, Donald J. .... Waterloo & Montgomery Roads, Ellicott City
Danoff, Abe .... 1645 E. Baltimore Street, 31
Davidov, Hyman .... 900 N. Charles Street, 1
Davidov, Louis .... 5115 Roland Avenue, 10
Davidson, Meyer .... 935 N. Gay Street, 2
Davis, Robert L. .... 327 Main Street, Crisfield
Deans, John .... Prince William & Main Streets, Princess Anne
Deitch, Erwin .... 5730 Pimlico Road, 9
Dembo, Julius L. .... 2200 Jefferson Street, 5
Diener, Nelson G. .... 2925 Thorndale Avenue, 15
Donaldson, John E. .... 4200 Cathedral Ave., N. W., Apt. 515,
Washington 16, D. C.
Dorsch, Joseph U. .... 3514 Edmondson Avenue, 29
Dougherty, John H., Jr. .... 370 Main Street, Laurel
Dougherty, Leon P. .... 1003 Brown Avenue, Cumberland
Drapkin, Leon I. .... 8706 Flower Avenue, Silver Spring
Drennen, J. Holly .... 8 S. Main Street, Port Deposit
Dripps, S. M. .... 10 St. Michael's Way, 12
Drug Fair Drug Stores .... 1200 S. Eads Street, Arlington 2, Va.
Drukman, Herman B. .... 6651 Belair Road, 6
Dunning, Fitzgerald .... 1030 N. Charles Street, 1

Eckhardt, Henry .... 301 Marydell Road, 29
Edwards, James D. .... 102 Commerce Street, South, Centreville
Engberg, John J. .... Main & Lake Streets, Salisbury
Engel, Ralph .... 685 Washington Blvd., 30
Englander, Clinton W. .... 8 Alder Street, Oakland

Fainberg, Edward .... 7542 Belair Road, 6
Fauss, Albert L., Jr. .... 39 W. Main Street, Hancock
Fedder, Donald O. .... 201 Wise Avenue, Dundalk 22

Fedder, Eli .... 202 Purvis Place, Pikesville 8
Feldman, Charles W. .... 1535 W. Lexington Street, 23
Feldman, Milton H.......................900 N. Gilmore Street, 17
Fertick, Albert ....1830 First Street, N. W. Washington, D. C.
Fine, Jerome L................8807 Allenswood Road, Randallstown
Fink, Francis T. Martin Blvd. & Compass Road, Middle River 20
Finkelstein, Karl H.......................300 Main Street, Laurel
Fisher, Edward H..............105 S. Baltimore Avenue, Ocean City
Fisher, Philip E.........................Route #2, Box 76, Berlin
Fitzsimmons, Milton J...............109 Main Street, Ellicott City
Flom, Sidney H. .... 4105 Ridgewood Avenue, 15
Foley, William T., Jr.....................1 Franklin Street, Aberdeen
Folus, Irving H. ....11010 Wheeler Drive, Silver Spring
Foss, Noel E...............................636 W. Lombard Street, 1
Foster, Carroll P.............................6327 Belair Road, 6
Freed, Irving..............................930 Whitelock Street, 17
Freed, Mayer N..............6112 Central Avenue, Capitol Heights
Freitag, H. Homer..........................212 E. Cross Street, 30
Fribush, Sidney...............16 N. Jonathan Street, Hagerstown
Friedman, Aaron J.................145 B Back River Neck Road, 21
Friedman, Albert.........................1003 S. Sharp Street, 30
Friedman, Albert J. .... 3501 Harford Road, 18
Friedman, Gilbert I. .... 1531 Madison Avenue, 17
Friedman, Irvin ....Park Avenue & McMechen Street, 17
Friedman, Melvin..........................1600 Linden Avenue, 17
Friedman, Milton A. ....100 S. Poppleton Street, 1
Friedman, Nathan J..........................701 N. Gay Street, 2

Gaboff, Benjamin............................20 N. High Street, 2
Gadol, Ellis .... 10128 Colesville Road, Silver Spring
Gaine, Jerome .... 3505 Tulsa Road, 7
Gakenheimer, Albert C...............................Cockeysville
Gakenheimer, Herbert E.......8th & "D" Streets, Sparrows Point 19
Gardner, Michael F.................253 S. Washington Street, 31
Gaver, Paul G. ....100 W. University Parkway, 10
Gelrud, Jack...............6 Coral Drive, North, Lexington Park
Glaeser, Henry J., Jr.............3 Westminster Street, Manchester
Glaser, Louis L....................511 Avondale Road, Dundalk 22
Gleiman, Irvin J.........................1939 Madison Avenue, 17
Glick, Henry J...............120 N. Smallwood Street, Cumberland
Gluckstern, Wilfred H.........820 Dulaney Valley Road, Towson 4
Goldberg, Jack..............9423 Georgia Avenue, Silver Spring
Goldberg, Milton.....................3903 Hollins Ferry Road, 27
Goldfeder, Harold M..........6100 Rhode Island Avenue, Riverdale
Golditch, Henry M.....................2447 E. Preston Street, 13
Goldsmith, Meyer .... 1227 Pennsylvania Avenue, 17
Goldstein, Sam A.....................1100 N. Calhoun Street, 17
Goodman, Irvin..................55 E. Main Street, Westminster
Gordon, Samuel.....................1401 Edmondson Avenue, 23
Gordy, Howard L.....................213 E. Main Street, Salisbury
Greenberg, Albert G....................5002 Ritchie Highway, 25
Greenberg, Harry.............................5451 Belair Road, 6
Greenberg, Leon............50 Old Annapolis Road, Severna Park
Greenberg, Morton ...... 50 Old Annapolis Road, Severna Park
Greenberg, Richard E..........................3405 Belair Road, 13
Greenberg, S.W.........4692 Suitland Road, Washington 20,D.C.
Greenfeld, David........................5201 Windsor Mill Road, 7
Greenfeld, Jacob H. .... 2879 Lafayette Avenue, 16
Gregg, Ernest, Jr. .... 75 Third Street, Oakland
Gregorek, Frank J. .... 2519 Hillcrest Avenue, 14
Greif, Daniel.............................1625 Wilkens Avenue 23
Grossman, Bernard B..................1655 N. Monroe Street, 17

Gruz, Nathan I.	650 W. Lombard Street, 1
Guild, Cecil E.	44 W. Main Street, Westminster
Hahn, Albert G.	324 W. Saratoga Street, 1
Hanks, Carleton W.	221 Maryland Avenue, Cumberland
Hansen, Herbert O.	4707 Marlboro Pike, Coral Hills
Harbaugh, Arthur C.	872 Mulberry Avenue, Hagerstown
Harman, Richard T.	5606 Main Street, Elkridge 27
Harris, Morris	5119 Queensbury Avenue, 15
Hayes, William B.	507 Mace Avenue, 21
Hayman, Albin A.	415 Forest Lane, Salisbury
Heer, Wilmer J.	2724 Harford Road, 18
Hendelberg, I. J.	4637 York Road, 12
Henderson, Marvin W.	7401 Harford Road, 14
Hill, William C.	30 E. Dover Street, Easton
Hilliard, M. Evans	4943 Belair Road, 6
Hillman, Milton L.	19 Tulagi Place, Lexington Park
Hoffman, Sylvan A.	2658 Huntingdon Avenue, 11
Hopkins, Charles H.	7 York Street, Taneytown
Horne, Peyton N.	32 N. Washington Street, Easton
Hudson, Hugh E.	Talbot Street, St. Michaels

Israelson, Rubin H.	2301 Hollins Street, 23

Jacobs, Eugene	2401 E. Jefferson Street, 5
Johnson, Clyde G.	Somerset Ave. & Prince Wm. St., Princess Anne
Jones, W. Bowen	P. O. Box 521, Willow Street, St. Michaels
Judy, Francis L.	2 Byrd Avenue, Cumberland

Kahn, Reuben	1722 Wilkens Avenue, 23
Kalb, Francis P.	4419 Kenwood Avenue, 6
Kamanitz, Irvin L.	100 W. Main Street, Salisbury
Kamenetz, Irvin	6913 Belair Road, Overlea 6
Kaminski, Felix H.	3138 O'Donnell Street, 24
Kammer, William H.	701 E. Preston Street, 2
Karlin, David	2803 W. Belvedere Avenue, 15
Karpa, Jerome J.	1827 New Eastern Boulevard, 21
Karpa, Maurice J.	1402 Reisterstown Road, Pikesville 8
Karr, William S.	9515 Harford Road, 14
Katz, Gabriel E.	9925 Rhode Island Avenue, College Park
Kaufman, Stanley L.	911 Beechfield Avenue, 29
Kaufman, Frank A.	401 York Road, Towson 4
Keech, Robert P.	600 Virginia Avenue, Cumberland
Kellough, Elmer R., Jr.	501 Decatur Street, Cumberland
Kerpelman, Isaac E.	722 S. Salisbury Blvd., Salisbury
Kirson, Abraham	8201 Stevenson Road, Pikesville 8
Kirson, Jerome	743 N. Central Avenue, 2
Kitchen, William Y.	60 West Street, Annapolis
Klavens, Sidney R.	1117 Light Street, 30
Kline, Bernard B.	8309 Grubb Road, Silver Spring
Kling, Herman M.	2245 E. Fayette Street, 31
Klingel, Mrs. R. M.	101 Cheapside Street, 2
Klotzman, Alfred	1041 Edmondson Avenue, 23
Kobin, Benjamin	1000 W. Cross Street, 30
Koons, George S.	31 Concocheague Street, Williamsport
Koplin, Arthur	1008 E. Lombard Street, 2
Kosakowski, Chester G.	635 S. Lakewood Avenue, 24
Kramer, Leonard H.	442 E. North Avenue, 2
Krantz, John C., Jr.	7824 Ellenham Road, 4
Kraus, L. H., Jr.	400 S. Division Street, Salisbury
Krieger, Max A.	7900 Harford Road. 34
Kroopnick, Godfred D.	930 Whitelock Street, 17

Lachman, Bernard B.	5024 Park Heights Avenue, 15
Lachman, Marvin M.	118 Chartley Boulevard, Reisterstown
Laken, Bernard	1301 W. North Avenue, 17
Lapin, Bernard J.	2701 Old North Point Road, 22
Latona, Salvatore J.	4007 34th Street, Mt. Rainier
Lawlor, Henry W.	Charles Theatre Building, LaPlata
Lawson, Alfred M.	5802 Baltimore Avenue, Hyattsville
Layden, William	2140 W. Baltimore Street, 23
Lazarus, Leon J.	401 Eastern Avenue, 21
Lebson, David	4605 Edmondson Avenue, 29
Lebson, Hyman	4605 Edmondson Avenue, 29
Lemler, Abraham A.	1801 W. Lexington Street, 23
Levay, Frank F.	Fort & Riverside Avenues, 30
Levin, Arthur	101 N. Washington Street, Havre de Grace
Levin, Barry S.	2101 Garrison Blvd., 16
Levin, Benjamin S.	6300 Eastern Avenue, 24
Levin, Bernard	910 Leeds Avenue, 29
Levin, Harold P.	537 E. 41st Street, 18
Levin, I. Alvin	4623 Reisterstown Road, 15
Levin, Jack B.	6025 Liberty Road, 7
Levin, Leon P.	1720 E. Joppa Road, 4
Levin, Morris	1612 Kelly Avenue, 9
Levin, Norman	910 Leeds Avenue, 29
Levin, Norman J.	1401 Reisterstown Road, Pikesville 8
Levin, Theodore	Poplar Grove & Lafayette Avenue, 16
Levine, Jay E.	1929 Virginia Avenue, Hagerstown
Levinson, Henry	721 Poplar Grove Street, 16
Levitis, Louis	11401 Georgia Avenue, Silver Spring
Levy, Abraham M.	1612 Kelly Avenue, 9
Levy, Donald	7111 Old North Point Road, Sparrows Point 19
Leyko, Gregory W. A.	2501 W. Baltimore Street, 23
Libowitz, Aaron M.	4901 Belair Road, 6
Lichter, George	4709 Garrison Blvd., 15
Lichtman, Harry S.	2805 Old North Point Road, Dundalk 22
Lieb, Frank J.	1600 S. Charles Street, 30
Lillich, Mrs. Anna L.	3 Center Place, Dundalk 22
Lindenbaum, Louis	515 S. Camp Meade Road, Linthicum
Lindenbaum, Morris	5 Main Street, Reisterstown
Lipsky, Harold H.	951 Pennsylvania Avenue, 1
Lohmeyer, Lloyd W.	390 W. Main Street, Crisfield
Lowry, Raymond J.	45 Main Street, Westernport
Lykos, Nicholas C.	2101 York Road, Timonium
Lynn, Norman B.	5 N. Summit Avenue, Gaithersburg
Lyon, James H.	330 St. John Street, Havre de Grace

McCagh, Frank L., Jr.	101 W. Centre Street, Cumberland
McComas, J. Ross	8642 Loch Raven Blvd., Towson 4
McLarty, David C.	4128 Westview Road, 18
McMichael, James E.	911 E. Oldtown Road, Cumberland
Macek, Bernard F.	2245 Eastern Avenue, 31
Macek, Frank J.	1736 Aliceanna Street, 31
Macek, Walter P.	4708 Parkside Drive, 6
Macks, Ben H.	436 Eastern Avenue, Essex 21
Magiros, John G.	Rogers Avenue & Route 40, Ellicott City
Maisenhalder, Edward C.	21 S. Main Street, Bel Air
Mallonee, James J., Jr.	9944 Harford Road, 34
Malone, William W.	Bay Avenue, North Beach
Manheimer, Raymond B.	2502 Eutaw Place 17
Marcus, Michael	2021 W. Pratt Street, 23
Marek, Anton C.	701 N. Lakewood Avenue, 5
Markley, Edward B.	3701 Falls Road, 11

Martin, Lester R.	Winchester Road, R. D. 5, Cumberland
Martin, Robert J.	1068 National Highway, LaVale
Mask, Jerome	2701 Old North Point Road, 22
Mayer, Alexander M.	1800 N. Charles Street, 1
Meeth, John T.	3255 Frederick Avenue, 29
Mendelson, Herman	6126-30 Georgia Avenue, N.W., Washington
Mercer, Robert V.	911 Pine Avenue, Frederick
Meyers, Jacob S.	8304 Liberty Road, Woodmoor 7
Meyers, Macy H.	Liberty Road, Eldersburg, Sykesville
Miden, Julian I.	3133 W. Belvedere Avenue, 15
Miller, L. Dudley	110 S. Paca Street, 1
Miller, Lewis	2325 Callow Avenue, 17
Moler, Robert K.	801 Tollhouse Avenue, Frederick
Mondell, Harold D.	5500 Gwynn Oak Avenue, 7
Morgenroth, Victor H., Jr.	2207 Belleview Road, Catonsville 28
Morgenstern, William A.	6328 Windsor Mill Road, Woodlawn 7
Morris, Samuel	10214 New Hampshire Avenue, Silver Spring
Morton, Joseph H.	332 E. Belvedere Avenue, 12
Mouat, Gordon A.	3300 Greenmount Avenue, 18
Murphy, Jerome E.	17 W. Chase Street, 1
Murphy, John M.	38 N. Main Street, Hampstead
Myers, Lyndon B.	Main Street, Mt. Airy

Neuberger, Arnold J.	Jarrettsville
Neun, Mrs. Alberta E.	4800 Roland Avenue, 10
Neun, Charles J.	301 E. Baltimore Street, 2
Neutze, John F.	433 Kenneth Square, 12
Newman, David	309-311 N. Union Avenue, Havre de Grace
Nitsch, Charles A.	837 Frederick Avenue, Catonsville 28
Niznik, Theodore T.	439 S. Chester Street, 31
Norris, Earl M.	4706 Liberty Heights Avenue, 7

Oed, Marvin L.	743 S. Conkling Street, 24
Ogrinz, Alexander J., Jr.	3300 Greenmount Avenue, 18
Ogurick, Alexander A.	4800 Park Heights Avenue, 15
O'Hara, John J.	2200 Fulton Avenue, 17
Oken, Jack	700 N. Broadway, 5
Oken, Louis E.	6701 Harford Road, 14
Oleszczuk, Melvin J.	1800 Eastern Avenue, 31
Ortt, James B.	Talbottown Shopping Center, Easton
Owens, Bennie G.	5 McPherson Road, Annapolis

Packett, W. Harold	8551 Connecticut Avenue, Chevy Chase
Padussis, Anthony G.	6510 O'Donnell Street, 24
Palmer, Mathias	8642 Loch Raven Blvd., Towson 4
Pang, Charles E.	4300 York Road, 12
Pannill, William E.	2104 Marilyn Drive, S. E., Washington D. C.
Papiermeister, Joseph	9865 Main Street, Damascus
Parker, James A. I.	3737 University Blvd., West, Kensington
Parker, Richard D.	3737 University Boulevard, West, Kensington
Passaro, Edward J.	6510 O'Donnell Street, 24
Patterson, Walter J.	4123 Frederick Avenue, 29
Payne, Thomas M.	32 N. Washington Street, Easton
Pearlman, William L.	3107 W. North Avenue, 16
Pelovitz, Nathan G.	1713 Edmondson Avenue, 28
Peoples Drug Stores, Inc.	60 Florida Avenue, N.E., Wash. 2, D. C.
Pfeifer, C. Edward	1201 Light Street, 30
Pilson, R. A.	Main Street, New Windsor
Pinsky, Herman H.	430 E. Baltimore Street, 2
Poklis, Alphonse	305 E. High Street, Chestertown

Pollack, Morton L. .... Charles & 34th Streets, 18
Pollekoff, Sheldon E.................5228 Baltimore-National Pike, 29
Pomerantz, Leonard H........................Nutwell Road, Deale
Popluder, Nathan .... 2610 Harford Road 18
Porterfield, M. Perry........925 Pennsylvania Avenue, Hagerstown
Portney, Samuel..........................551 N. Fulton Avenue, 23
Prensky, Bernard M..................6573 Ager Road, Hyattsville
Price, Charles P...........................4810 Bowley's Lane, 6
Proudfoot, Robert E...................56 Second Street, Oakland
Provenza, Stephen J........................101 W. Read Street, 1

Rasinsky, Milton..................30 W. Main Street, Westminster
Rayman, Harry M..................2339 Dallas Drive, Temple Hills,
Washington 21, D.C.
Read's Drug Stores............... 2523 Gwynns Falls Parkway, 16
Reed, J. Ronald..................31 N. Potomac Street, Hagerstown
Reiser, Arnold J..............2805-07 Old North Point Road, 22
Rettaliata, Leo C......................2200 N. Charles Street, 18
Reznek, Paul....................11182 Baltimore Blvd., Beltsville
Richardson, Lloyd N. ....1 N. Main Street, Bel Air
Richman, Emanuel......................3741 Wabash Avenue, 15
Richman, Philip.........................90 West Street, Annapolis
Richmond, Sewell E...................5500 Park Heights Avenue, 15
Robbins, Sam S....................4401 Liberty Heights Avenue, 7
Roberts, William P..........................5306 York Road, 12
Robinson, Lester G...................2139 Pennsylvania Avenue, 17
Rochester, Harry L...................5212 Reisterstown Road, 15
Rodowskas, Christopher A. . .. 616 Patapsco Avenue, 25
Rosen, Donald M. ....419 Ritchie Highway, South, Glen Burnie
Rosenberg, Leon 9925 Rhode Island Avenue, College Park
Rosenberg, Robert.100 Baltimore Annapolis Blvd., N.E. Glen Burnie
Rosenfeld, Israel A.......................1601 N. Wolfe Street, 13
Rosenstein, Aaron......................1401 E. North Avenue, 13
Rosenthal, Alvin.........................3529 Dolfield Avenue, 15
Rosenthal, Leo..............1500 University Blvd., East, Hyattsville
Rossberg, William C. ....2526 Washington Boulevard, 30
Ruddie, Israel M......................5300 Edmondson Avenue, 29
Rudo, Herbert B. ....4404 Maine Avenue, 7

Sabatino, Louis T.........................8301 Harford Road, 14
Sachs, Michael ....Washington Street & Park Place, Leonardtown
Sachs, Raymond ....6 Coral Drive, North, Lexington Park
Sama, Mario......Sherdale & Ruxford Drives, Route #1, Kingsville
Santoni, Henry .... 4301 Belair Road, 6
Sappe, Milton J. ...Box 243, Route #4, Cape St. Claire, Annapolis
Sapperstein, Jacob H................................Cockeysville
Sarubin, Milton......................97 Main Street, Ellicott City
Savage, Walter T..........................5 Main Street, Berlin
Schapiro, Abraham B.................4601 Park Heights Avenue, 15
Schapiro, Harry S..................... 2029 W. North Avenue, 17
Schapiro, Oscar M. .... Jarrettsville-Paper Mill Road, Phoenix
Scheinker, William H......................442 E. North Avenue, 2
Schenker, Norman L...................2801 Guilford Avenue, 18
Schenker, Philip..........................2801 Guilford Avenue, 18
Scherr, Morton B.................... 901 Eastern Avenue, Essex 21
Scherr, Stanley..............105 Old Annapolis Road, Glen Burnie
Schmalzer, William J., Jr............... Downes Road, Parkton
Schmidt, George M. .... Box 276, R. D. #1, Elkton
Schnaper, Morton J...............6900 Arlington Road, Bethesda 14
Schrader, Harry L......................347 S. Smallwood Street, 23
Schumer, Jack......................1200 Pennsylvania Avenue, 17

Schuster, John N.	3701 Belair Road, 13
Schwartz, John T.	401 Washington Avenue, Towson 4
Schwartz, Nathan	Edgewater
Schwartz, Theodore H.	1561 N. Fulton Avenue, 17
Schwartzman, Alfred	5500 Park Heights Avenue, 15
Schwatka, W. Herdman, Jr.	600 Sussex Road, Towson, 4
Seechuk, William W.	5814 Belair Road, 6
Seidel, Harry L.	Connecticut & Knowles Avenues, Kensington
Seidman, Henry G.	7201 Harford Road, 14
Sellers, Harry H.	607 Maryland Avenue, Cumberland
Serpick, Jacob	St. Paul & 21st Streets, 18
Shapiro, Joseph S.	7005 Brookville Road, Chevy Chase
Shapiro, Joseph W.	1832 E. Monument Street, 5
Shaw, Frank M.	147 Market Street, Pocomoke City
Sheetz, Lynn	14 Long Drive, Cumberland
Shenker, Morris	1027 West Way, Glen Burnie
Shields, Arthur P.	6410 Frederick Avenue, Catonsville 28
Shochet, Irving	3401 Dundalk Avenue, 22
Shpritz, Stuart	864 W. North Avenue, 17
Shulman, Emanuel	2334 Iverson Street, Washington 21, D.C.
Shure, Irvin	8100 Liberty Road, 7
Silberg, Harvey G.	1800 E. Monument Street, 5
Silbert, Andrew W.	41 Lloyd Street, 2
Silverman, Albert M.	3325 E. Baltimore Street, 24
Singer, George D.	4717 Eastern Avenue, 24
Singer, Isadore	300 Main Street, Laurel
Smith, Bernard T.	1125 N. Charles Street, 1
Smith, Joseph I.	26 S. Hilton Street, 29
Smith, Rudolph M. J.	108 Main Street, Annapolis
Smulson, Mrs. Lillian	299 Willow Spring Road, Dundalk 22
Snell, Roy E.	60 Florida Avenue, N. E. Washington 2, D. C.
Snellinger, J. Ernest	5606 Main Street, Elkridge 27
Sniadowski, A. J.	107 E. Main Street, Elkton
Sober, Norman	921 Patapsco Avenue, 25
Sollod, Melvin J.	9107 Riggs Road, Adelphi
Sollod, Sylvan J.	635 E. Fort Avenue, 30
Solomon, Samuel	1342 Pennsylvania Avenue, 17
Solomon, Simon	1342 Pennsylvania Avenue, 17
Spano, Arthur N.	Green & Water Streets, Cumberland
Spigelmire, Charles E.	22 York Court, 18
Standiford, Isaac W.	15 Belair Avenue, Aberdeen
Stark, Alvin	6112 Central Avenue, Capitol Heights
Statter, I. Barry	449 E. 25th Street, 18
Steinberg, Bernard	2914 E. Oliver Street, 13
Sterling, Elmer W.	Church Hill
Stiffman, George J.	2206 Crest Road, 9
Stiffman, Jerome A.	3502 N. Hilton Road, 15
Stofberg, Charles	5658 The Alameda, 12
Stoler, Myer	101 N. Ellwood Avenue, 24
Stotler, Robert P.	1068 National Highway, LaVale
Sullivan, Fred G.	5802 Baltimore Avenue, Hyattsville
Sumrall, James C.	Main Street, Cecilton
Sussman, Hyman J.	3601 Park Heights Avenue, 15
Sussman, Sidney	3927 Park Heights Avenue, 15
Swiss, Frank L.	3001 E. Monument Street, 5

Taetle, Herman	4301 Randolph Road, Silver Spring
Taich, Louis	601 N. Carey Street, 17
Tattar, Leon L.	2906 Garrison Blvd., 16
Thomas, John	101 E. Baltimore Street, 2
Tompakov, Sylvan	7004 Reisterstown Road, 15
Tomsko, Robert F.	11 N. LaVale Street, LaVale

Toronto, Nicholas A.	Prince Frederick Shopping Center, Prince Frederick
Tralins, Julius	891 W. Fayette Street, 1
Truitt, James W., Jr.	102 N. Main Street, Federalsburg
Turner, Albert F.	3831 Garrison Blvd., 15

Ulman, Bernard, Sr.	314 Light Street, 2

Vicino, Dominic	4007 - 34th Street, Mt. Rainier
Vodenos, Philip N.	York Road, Timonium
Vojik, Edward C.	900 S. Ellwood Avenue, 24

Wagner, Charles H.	5500 Harford Road, 14
Wagner, George W.	45 Main Street, Westernport
Wagner, Raphael H.	502 W. Cold Spring Lane, 10
Walb, Winfield A.	6002 Harford Road, 14
Walman, Morris R.	6715 Reisterstown Road, 15
Wannenwetsch, John F.	4123 Frederick Avenue, 29
Ward, M. James	4524 Middleton Lane, Bethesda 14
Warfield, H. Nelson	7025 Plymouth Road, Pikesville 8
Warren, Jerome B.	7403 Liberty Road, Woodmoor 7
Waxman, Milton	126 Main Street, Elkton
Webster, S. Earl	24 Poplar Street, Cambridge
Weiner, David	2808 Steele Road, 9
Weiner, Phillip P.	3607-B Bowers Avenue, 7
Weiner, Solomon	5501 Reisterstown Road, 15
Welsh, C. Robert	1006 Adcock Road, Lutherville
Wertheimer, Samuel	29 South Centre Street, Cumberland
Wesolowski, Frank J.	1717 York Road, Lutherville
United Whelan Corporation	82-39th Street, Brooklyn 32, New York
Whitesell, Reese E.	238 N. Market St., Frederick
Whittemore, Edwin	3509 E. Joppa Road, #34
Wich, Henry E.	1230 N. Stricker St., 17
Wiener, Maurice	3446 Wilkens Ave., 29
Wildes, Edward M., Jr.	54 N. Centre St., Cumberland
Williams, William O.	6305 Sherwood Rd., 12
Windsor, Lester D.	410 Camden Court, Salisbury
Winn, Solomon	2540 E. Fayette St., 24
Wirth, Ferdinand F., Jr.	307 N. Ellwood Ave., 24
Witzke, Carl H.	1201 Linden Ave., 17
Wolfe, Eddie O.	10501 Rhode Island Avenue, Beltsville

Yaffe, Morris R.	10101 River Rd., Rockville
Yaffe, Stanley J.	1504 15th St., Odenton
Yankeloff, Louis G.	1801 E. Eager St., 5
Yarmosky, Jack	2501 Edmondson Ave., 23
Yevzeroff, Benjamin	3801 Woodhaven Ave., 16
Young, Charles L.	109 Main St., Ellicott City

Zarych, Joseph F.	4667 Lacy Avenue, S. E., Suitland
Zentz, Milton E.	5460 Park Heights Ave., 15
Zervitz, Max M.	1300 N. Caroline St., 13
Zerwitz, Irving F.	4001 Annapolis Rd., 27
Zerwitz, Sidney	5114 Liberty Heights Ave., 7

1962 AFFILIATE MEMBERS

Allen, James E., 901 Southern Ave., P.O. Box 2154 Washington 3, D.C.
Austin, Mrs. Charles S., Jr.................... 6729 York Rd., 12
Baxter, Robert E. ....Dunbrooke, Mountain Rd., Pasadena
Bloom Herman J....................3042 Greenmount Avenue, 18
Brager, Maurice B.........................408 S. Hanover Street, 1
Brice, C. Carroll, Jr. ....110 West St., Annapolis
Davis, James C............................119 S. Howard Street, 1
Dunning, Charles A. ....1030 N. Charles St., 1
Dunning, H. A. B., Jr..................1030 N. Charles Street, 1
Eldridge, Mrs. Jean K. .....7200 North Point Rd., Sparrows Point
Estrin, David I................. 52 "O" Street, Washington 1, D.C.
Jordon, L. M. ....60 "M" St., N.E., Washington, D.C.
Levin, Philip...........................1120 N. Chester Street, 3
Mendelsohn, Israel..............4111-15 W. Belvedere Avenue, 15
Norwitz, Irvin............................3506 Maryvale Road ,7
Parrish, Margaret A......................7621 Bellona Avenue, 4
Schapiro, Mrs. Hattie R.........7025 Brookville Road, Chevy Chase
Schwartz, Simon ....Edgewood
Skinner, William L., Jr...................7401 Pulaski Highway, 6
Wagner, Albert D. ....45 Main St., Westernport

1962 HONORARY MEMBERS

Black, Frank L. ....Baltimore
Cole, B. Olive ....Baltimore
Kantner, Leahmer M. ....Baltimore
Swain, Robert L. ....New York

1962 LIFE MEMBERS

Marmor, Joseph P. ....18 S. Market St., Frederick
Strasburger, Melville ....116 W. University Parkway

1962 ASSOCIATE MEMBERS

Abrahams, Nathan H.........24 Heath Drive, Neptune, New Jersey
Abramowitz, Manuel.......................2413 Everton Road, 9
Abrams, Marvin H...................5024 Park Heights Avenue, 15
Aldrich, Clayton B..............12611 Safety Turn, "Belair", Bowie
Alessi, Alfred H. ....3532 Northern Pkwy. 6
Allen, Benjamin F. ....636 W. Lombard St., 1
Appel, Bernard A..........................50 Club View Lane, Phoenix
Applestein, Harry A. ....3920 Fairview Ave., 16
Armstrong, Charles L. 1207 Culvert Rd., Hampton Village, Towson, 4
Aronson, Donald ....3528 Reisterstown Rd.. 15

Baikstis, Mrs. Anda......................4002 Callaway Avenue, 15
Bailone, William A., Jr..................500 N. Woodward Drive, 21
Barnes, Attison L., Jr.......................P. O. Box 21, Trappe
Barnstein, Fred S. .... 804 Sturgis Place, 8
Becker, Charles .... 24 Oaklee Village, Apt., 29
Becker, John W. .... 3617 Chesterfield Ave., 13
Becker, Stanley L. ....4285 Labyrinth Road, 15
Belford, Stanley H.......................3810 Dorchester Road, 15
Berlin, Julius..............2425 Cylburn Avenue, Apartment A, 15
Billian, Bernard..........................6812 Brompton Road, 7

Birely, Roy M. .... 219 E. 33rd Street, 18
Block, Jerome .... 3433 Ripple Rd., 7
Bondareff, Dr. Erwin A. .... 3521 E. Northern Parkway, 6
Bowen, Curtis A. .... 701 Greenwood Rd., 8
Bowers, Martin R. .... 1455 Kirkwood Rd., 7
Bozman, Bennett B. .... Princess Anne
Brant, Robert E. .... 531 Lee Place, Frederick
Breslin, Frederick W. .... P.O. Box 85, Leonardtown
Brickman, Allen G. .... 3502 Tulsa Rd., 7
Bringenberg, John G. .... 66 Dungarrie Road, 28
Brodsky, Emmanuel M. .... 4000 Fordleigh Rd., 15
Brodt, Dan P. .... 4 Cedar Ave., Gaithersburg
Buck, Robert L. .... 8614 Allenswood Rd., Randallstown
Budacz, Frank M. .... 1744 Eastern Avenue, 31
Butler, Richard A. .... 3901 Wabash Avenue, 15
Butt, Frederick D. .... 8500-16th Street, Silver Spring

Caplan, Robert M. .... 3302 Karen Drive, 7
Card, Nathan C. .... 3610 Landbeck Road, 7
Carls, Mark D. .... 201 Rothwell Drive, Lutherville
Carter, David C. .... 2017 Kynwyd Rd., Graylyn Crest III,
Wilmington 3, Dela.
Catlett, Ollie, E. .... 2713 Nicholson Street, West, Hyattsville
Chaiet, Melvin .... 6241 Pimlico Road, 9
Cherney, Louis .... 2448 Ross Road, Silver Spring
Clayman, Jerome H. .... 5952 Green Meadows Parkway, 9
Cohen, Benjamin .... 6810 Williamson Avenue, 15
Cohen, Samuel C. .... 2735 Cylburn Ave., 15
Cohen, Samuel H. .... 702 Kahn Drive, 8
Colclough, John J. .... 3255 Frederick Avenue, 29
Cole, S. Charles .... 3822 Ridgewood Ave., 15
Connelly, Mary W. .... 6407 Liberty Rd., 7
Coombs, William D. .... 1710 Sanford Road, Silver Spring
Crane, Richard R. .... 6007 Eurith Avenue, 6
Crofton, Wilbur E. .... 1305 Dale Drive, Silver Spring
Cwynar, Frank .... 5917 Johnnycake Road, 7

Dalinsky, Charles E. .... 60 "O" Street, N.W., Washington 1, D.C.
Dagney, Edward B. .... 3718 Kimble Road, 18
Davidov, Arnold .... 5115 Roland Ave., 10
Davidson, Saul .... 3124Greenmead Road, 7
Davis, Mrs. Rebecca H. .... 2020 Bryant Ave., 17
Deckelbaum, Max .... 6506 Baythorn Rd., 9
DeDominicis, Miss Amelia C. .... 2217 Eastridge Rd.,Timonium
Demarest, Dudley A. .... 6301 Frederick Road, 28
Dembeck, Walter D. .... 116 S. Broadway, 31
Dickstein, Benjamin .... 6608 Dalton Drive, 7
Dreyer, Frederick W., Jr. .... 3503 Oak Court, 7
Dunbar, Ruth .... P.O. Box 52, Versailles, Kentucky
Durm, Noel E. White Hall Beach, R. F. D. #5, Box 205, Annapolis
Dyott, William H. .... 25 Riverside Drive, Winchester, Annapolis

Eardley, Russell C., Jr. .... 1103 N. Woodington Road, 29
Edelen, James A. .... 5115 Frederick Ave., 29
Edenfield, Charles H., Sr. .... 2806 List Ave., 14
Edwards, Webster K. .... 817 Hilltop Drive, Cumberland
Egan, George F. .... 1350 Halstead Road, 34
Eisentrout, Harry G., Jr. .... 1068 National Highway, LaVale
Epstein, Yale .... 3102 Barrison Boulevard, 16
Eskow, Dr. A. Bernard .... 2810 W. Saratoga Street, 23
Eybs, Earl F. .... 29 Bloomsbury Avenue, Catonsville 28

Fainberg, Alvin J. 3040 Idaho Avenue, N. W., Washington 16, D. C.
Feldman, Morris .... 2901 Whitney Ave., 15
Finn, William J. .... 433 Shirley Manor Road, Reisterstown
Fischer, Isadore M., Jr. .... 11 Slade Avenue, Apartment 609, Pikesville 8
Fitzsimmons, Joseph P. .. 411 S. Capitol Street, Washington 3, D. C.
Folckemmer, C. W. .... 2011 Northburne Rd., 14
Francik, Joseph .... 6508 Old Orchard Road, 12
Frankle, Harold .... 7419 Monita Road, 8
Franzoni, F. Royce .... 3508 N. Abington St., Arlington, 7 Va.
Freeman, Joseph S. .... 5906 Fenwick Ave., 12
Friedenberg, S. Charles .... 2810 W. Saratoga Street, 23
Friedlander, Paul M. .... 4023 Reisterstown Road, 15
Friedlander, S. A. .... 4023 Reisterstown Road, 15
Friedman, Arnold M. .... 3704 Glengyle Avenue, 15
Friedman, Nathan .... 3018 Fairview Avenue, 7
Frieman, Jack .... 3703 Seven Mile Lane, 8
Frieman, Jack I. .... 3505 Seven Mile Lane, 8

Gakenheimer, Walter C. .. 1475 Wembly Rd., San Marino, California
Gaver, Paul, Jr. .... 5105 Sekots Road, 7
Gehring, J. William .... 5620 Greenspring Ave., 9
Geser, Alvin N. .... 118 W. State Street, Trenton 8, N.J.
Gilliece, Owen J. .... 837 Frederick Ave., Catonsville, 28
Ginsberg, Samuel H. .... 3106 Oakfield Avenue, 16
Glassband, Herman .... 3813 Coronado Road, 7
Glennan, Harry E. .... 3102 Action Rd., 14
Goldberg, Marvin H. .... 2803 Waldorf Ave., 15
Goldman, Harold K. .... 3400 Seven Mile Lane, 8
Goldscheider, Henry H. .... 2511 Eutaw Place, 17
Goldstein, Albert .... 109 Addison Road, Seat Pleasant
Goldstein, Isadore A. .... 2404 Everton Rd., 15
Goldstein, Paul L. .... 4107 Ronis Road, 8
Goldstein, Sam W. .... 3434 Phillips Drive, 8
Gordon, Jack B. .... 5807 Western Run Drive, Apartment C, 9
Gould, Clarendon L. .... 201 Somerset Ave., Cambridge
Gradman, Lee H. .... 4003 Bonner Rd., 16
Gray, William B. .... 2501 Anders Road, 14
Greenberg, Paul R. .... 5608 Belleville Ave., 7
Grothaus, D. Benton, Jr. .... 520 Dunkirk Rd., 12

Haase, Charles A. .... 6110 Marlora Rd., 12
Hack, Morris B. .... 7311 Park Heights Ave., Apt.-106, 8
Hadley, John R. .... 213 Purlington Road, Lutherville
Hahn, William A. .... 4915 Briar Clift Rd., 29
Hamet, Harry .... 2712 Cylburn Avenue, 2nd Floor, 15
Hansen, Herman F. .... 203 Preston Court, Apt.-B, 28
Harrison, Boris M. .... 2810 W. Saratoga Street, 23
Haskell, Miss Marian L. .... 1712 Kurtz Ave., Lutherville
Hayman, Thomas J. .... 415 Forest Lane, Salisbury
Heneson, Henry .... 3021 Chelsea Terrace, 16
Herman, Ralph .... 2479 Shirley Ave., 15
Hershner, John F. .... 2017 Burnwood Rd., 14
Hill, B. R. 213 N. Charles St., 1
Hoffman, Marta .... 2902 Clifton Park Terrace, 13
Holmes, Everett J. .... 3318 Spaulding Avenue, 15
Holthaus, Robert W. .... 501 Baylor Rd., Glen Burnie
Horwits, Leonard .... 3211 Nerak Road, 15
Hutchinson, William J. .... 2412 Ellis Rd., 14

Ichniowski, Casimir T. .... 636 W. Lombard St., 1
Ichniowski, William .... 1212 Roundhill Road, 18

Jackson, Walter V. .... 2009 Edmondson Ave., 28
Jacobs, George .... 3516 Maryvale Rd., 7
Jankiewicz, Alfred M. .... 3110 Moreland Ave., 14
Jeppi, Samuel P. .... 200 Witherspoon Rd., 12
Johnson, Joseph L., Sr. .... 529 Harwood Avenue, 12
Jordan, John T. .... 2803 Erdman Avenue, 13

Kabik, Robert J. .... 4043 Fairfax Road, 16
Kahler, Mrs. Grace .... 34 Nunnery Lane, 28
Kappelman, Leroy F. .... 3430 Philips Drive, 8
Karmiol, Stanley B. .... 3418 Janvale Road, 7
Karn, Philip R., Sr. .... 230 Division Avenue, Lutherville
Karpa, Isadore .... 3401 Bateman Avenue, 16
Kasten, Mrs. Cynthia .... 2 S. Ellwood Avenue, 24
Katcoff, Harold .... 5410 Nelson Avenue, 15
Katz, Benjamin R. .... 5430 Jonquil Avenue, 15
Keehner, Raymond .... 3112 Juneau Place, 14
Kelly, Robert J. .... 713 Elizabeth Street, Easton
Kelly, Thomas J. R. F. D. #5, Love Road, Sommerville, New Jersey
Kenney, Fern E. .... 518 Bedford Street, Cumberland
Kerpelman, Howard S. .... 1414 B. Meads Road, Norfolk, Virginia
Kexel, Leroy E. .... 2002 Northbourne Rd., 14
Kirk, Miss Catherine E. .... Rising Sun
Klair, Jesse G. .... 1301 Crofton Road, 12
Klavens, Elmer .... 3704 Rosedale Road, 15
Kleinbart, David J. .... 1800 Metzerott Road, Building 4,
Klepfish, Milton A. .... 3618 Blair Ave., Randallstown
Apartment 36, Adelphi
Kline, Sidney .... 2708 Ruscomb Lane, 15
Klingaman, Claude R. .... 124 Williams St., Bel Air
Klioze, Earl .... 3906 W. Rogers Avenue, 15
Klotzman, Lt. Col. Robert H. .... 2816 6th Ave., South,
Great Falls, Montana
Knepper, Francis C. .... South Lee Street, Washington Lee Apts.
Cumberland
Koch, Ervin M. .... 4717 Mercury Drive, Rockville
Kokoski, Charles J. .... 5550 Gayland Road, 27
Kokoski, Robert J. .... 4416-A Alan Drive, 29
Kostos, Patricia P. .... 11 Homberg Avenue, 21
Kramer, Morris .... 1801 W. Lexington Street, 23
Kratz, Frank P. .... 1111 Newfield Rd., 7
Kriel, Campbell N. .... 4538 N. Charles Street, 10
Kronthal, Jacob L. .... 7241 Park Heights Avenue, 8
Krusniewski, B. A. .... 2908 Scherer Avenue, 14
Kursvietis, Anthony J. .... 3633 Kimble Rd., 18

Lawson, Dr. Arnold .... 3319 Gumwood Drive, Hyattsville
Lawson, Robert E. .... U. Of Md. Hospital, 1
Lee, Toon .... 812—6th Street, N.W., Washington 1, D.C.
Leftin, David .... 909 Lindellen Ave., Reisterstown
Lehr, Clarence G. .... 5211 Loch Raven Blvd., 12
Levi, Ellis .... 5711 Rusk Avenue, 15
Levin, Irvin I. .... 4919 Poe Avenue, 15
Levin, Nathan .... 7620 Maple Avenue, Takoma Park
Levine, Phillip J. .... 5612 Haddon Avenue, Apartment C, 7
Levy, Melvin .... 6707 Chokeberry Rd., 9
Lewis, F. Harold .... 4504 Garrison Blvd., 15

Lichter, Raymond........................4411 Norfolk Avenue, 16
Lichter, Samuel.......................2505 Manhattan Avenue, 15
Lindeman, Philip D..............120-A Carolyn Avenue, Salisbury
Loud, Herbert G...........................726 Anneslie Road, 12
Lowry, William J....................5103 Edmondson Avenue, 29
Ludwig, Andrew F. ....115 Rosewood Ave., Catonsville, 28

McCall, George B. ....2101 Kentucky Ave., 18
McTeague, Charles J. ....609 Fairway Drive, Towson, 4
Mathers, Audrey J.....416 N. Union Street, Wilmington, Delaware
Matthews, L. Richard........................ 6303 Holly Lane, 12
Meisner, Milton L.......1411 "K" Street, N.W., Washington 5, D.C.
Mendelsohn, Max L. ....3635 Woodland Avenue, 15
Mentzer, John R., Jr........................ 1212 N. 64th Street, 6
Merkle, Henry V...............Box 318-C, R. F. D. #7, Pikesville 8
Meyers, Albert T. ....4013 Barrington Rd., 7
Meyers, Louis L..........................8811 Ashford Road, 34
Michael, Lucas A. ....5215 Anthony Ave., 6
Miller, George.............................7500 Park Drive, 14
Miller, Irving W.........................3400 Edgewood Road, 15
Miller, Israel M. ....5444 Narcissus Ave., 15
Minster, Howard M.........................4211 Maine Avenue, 7
Moore, Theodore C. ...... 500 Hilltop Terrace, Alexandria, Virginia
Morstein, Raymond M. .... 3419 Tulsa Rd., 7
Muldoon, Ralph V. .... Harbor View, Chester
Munzert, Leonard G..... 801 N. Jackson Street, Arlington, Virginia
Murph, Marvin E. .... 5619 Wayne Ave., 7
Murphy, Mrs. Marie M. ....Box 686, Felton, California
Mutchnik, Melvin ....5804 Gist Ave., 15
Muth, Edward S., Jr......................913 Elmridge Avenue, 29
Myers, Lee J. ....1700 Santa Fe Ave., Long Beach, California
Myers, Richard E. ....4429 Forest View Ave., 6

Neighoff, Wilson E.............................803 W. 35th St., 11
Neumann, Joseph J. ....601 Linnard St., 29
Newman, Albert ....309-311 N. Union Ave., Havre de Grace
Niznik, Paul V..... ....7829 Kavanagh Road, 22
Norton, Gerald..................8419 Church Lane, Randallstown

Ohlendorf, Albert V......................714 Stoneleigh Road, 12
Oken, David M. ....4726 Duncannon Rd., Pikesville, 8
Oldakowski, John..........4545 S. Broadway, St. Louis 11, Missouri
Orellana, Mrs. Anna M...........14001 Columbia Road, Burtonsville
Oshinsky, Sol.....................410 Mansfield Road, Silver Spring

Padousis, John E..........................1577 Doxbury Road, 4
Parks, Isadore J..................... ....7 E. Lexington Street, 2
Parlett, G. Dawson ....268 Meadow Rd., Riviera Beach
Pfeifer, C. Edward.........................1307 E. 36th Street, 18
Phillips, Mrs. James ....34 Nunnery Lane, Catonsville, 28
Pickett, Benjamin F.............4505 Maple Avenue, Halethorpe 27
Pippig, Howard A...........2024 Norhurst Way, North, Catonsville 28
Piraino, Vincent J. ....1722 Lakeside Ave., 18
Pivec, John J. ....323 St. Dunstans Rd., 12
Plank, John M...6211 Massachusetts Ave., N.W. Washington 16, D.C.
Porterfield, Raymond S...........300 Clear View Drive, Hampstead
Potler, David .... 1768 East West Highway, Silver Spring
Preston, Bernard J.........16611 Orchard Bend Road, Poway, Calif.
Price, Mrs. Thomas W.................Route No. 3, Box 248, Joppa

Pritzker, Sherman D.	2328 Ocala Ave., 15
Prostic, Albert	618 Kahn Drive, 8
Prostic, Harry	6201 Winner Avenue, 15
Pucklis, Frank S.	1367 Pentridge Road, 12
Pumpian, Paul A.	794 N. Jefferson St., Milwaukee 2, Wis.
Purdum, W. Arthur	St. Paul Court Apartments, 18

Raksin, Irving J.	3912 Emmart Avenue, 15
Rapkin, Harvey M.	6509 Deancroft Road, 9
Raudonis, John A.	1180 Evergreen Drive, N. E., Atlanta 5, Georgia
Regimenti, Vincent J.	209 McKeon Road, Severna Park
Reier, George E.	7818 Liberty Rd., 7
Reindollar, William F.	5701 Stoney Run Drive, 10
Rendel, Morris	3410 Olympia Ave., 15
Richardson, David R.	1407 Frederick Avenue, 28
Richmond, Samuel	3017 Oakley Ave., 15
Rockman, Louis M.	5005 Pembridge Ave., 15
Rockman, Morris	3702 Copley Rd., 15
Rosenbloom, S. Lawrence	4913 Poe Avenue, 15
Rosenthal, Louis R.	3808 Fordleigh Road, 15
Ross, William, A., Jr.	2521 Huron St., 30
Rossberg, Charles Jr.	2526 Washington Boulevard, 30
Rudoff, Oscar	1921 Rolling Glen Road, Catonsville 28
Ruppersburger, John J.	8712 Summit Avenue, 14

Sable, Louis	917 Kenbrook Drive, Silver Spring
Sachs, Norman R.	2277 Jeffrey Drive, Norfolk 3, Virginia
Sager, Benjamin	Box 61, Front Royal, Virginia
Salmon, James F.	2 Catawba Place, Hagerstown
Santoni, John D. H.	5959 Ayleshire Road, 12
Sapperstein, Edward I.	5105 Levindale Rd., 15
Satou, Marcus	1726 East Pratt St., 31
Scali, Peter	302-B Holly Drive, 20
Scelsi, Joseph V.	226 S. Robinson Street, 24
Schindel, Howard E.	508 Fairview Avenue, Frederick
Schmidt, Charles J.	1320 Windemere Ave., 18
Schneider, Edwin J.	10713 Eastwood Ave., Silver Spring
Schneider, Harold	3121 Brooklawn Terrace, Chevy Chase
Scigliano, John A.	Route #2, Myersville
Sclar, Morton J.	2107 Westview Terrace, Silver Spring
Sealfon, Irwin T.	9421 Georgia Ave., Silver Spring
Seff, David J.	2422 Liberty Heights Ave., 15
Shapiro, Lionel	6918-17th Avenue, West Hyattsville.
Sheller, Samuel J.	3804 Bonner Rd., 16
Shemer, Stuart	3675 Forest Hill Road, 7
Sherwood, Miss Margaret F.	107 Chestnut Street, Leetonia, Ohio
Shipley, Albert R.	5743 Maple Hill Road, 14
Shumway, Myron A., Jr.	2301 Clayburn Ave., W. Laurel Acres, Laurel
Singer, Harold B.	2400 Forest Green Road, 9
Sinker, Robert S.	2204 Mark Court, Silver Spring
Slama, Frank J.	636 W. Lombard St., 1
Smith, Claude N.	200 Rhode Island, N.E., Washington 2, D.C.
Smith, John J.	4614 Manordene Road, 29
Snyder, Paul J.	1 S. Paradise Avenue, 28
Sollod, Joseph A.	3915 Dolfield Ave., Apt.-A, 15
Sommer, Werner J.	8341 S.W. 31st Street, Miami, Florida
Sosnoski, Walter	3 Robinson Road, Severna Park
Spivey, Charles M.	8505 Morven Road, 34
Stahl, Charles	Route #1, Box 310 A, Severna Park
Steel, Harold	5910 Cross Country Boulevard, Apartment B, 15

Steinberg, Norman F....................1800 N. Charles Street, 1
Stouffer, Clyde R. ....1609 The Terrace, Hagerstown
Strauch, Joseph.......................1626 Northbourne Road, 12
Strauss, Leo ....4437 S. 1st St., Arlington 4, Va.
Strawinski, Jay F. ....1814 Dunwoody Circle, 34
Streett, M. Eugene .... 20 Fulford Ave., Bel Air
Sultan, Walter E......................Box 289, R. D. #1, Fallston
Surell, Howard S. ....6806 Cherokee Drive, 9
Suter, Thomas J. ....3014 Kenyon Ave., 13

Taylor, William L. ....3301 N. George Mason Drive, Arlington 7, Va.
Tenberg, David P. ....3008 W. Rogers Ave., 15
Topakas, George A...............5805 Dryden Drive, McLean, Va.
Trageser, Mrs. Jacqueline G. .... R. D. #1, Box 533, Cockeysville
Tuvin, Alfred L...............4510 N. Charles Street, Apt.-D, 10

Ullman, Donald A. .... 2507 Keyworth Avenue, 15
Ungern, Reginald.......................2110 Maryland Avenue, 18
Urlock, Dr. John P., Jr.............1227 Washington Boulevard, 30
Urlock, Mrs. Olga M.............1227 Washington Boulevard, 30

Van Duzer, Mrs. Roberta E.......Route #2, Box 277, Severna Park

Wagner, Frederick H. ....5121 Frederick Ave., 29
Waldman, Alvin M....................... 4008 Pinkney Road, 15
Walsh, Richard J............314 Mississippi Avenue, Silver Spring
Waltz, Bradley H. .... 3816 Grantley Road, 15
Warfield, Albert H.....Strawsleigh Development, Braddock Heights
Warshaw, Samuel E. ....4017 Fairview Ave., 16
Warthen, John D., Jr.....................2207 Southland Road, 7
Watts, Edward.............................711 E. 33rd Street, 18
Weinberg, Sydney G. ....5806 Dale Rd., 9
Weiner, Alex .... 3116 Lightfoot Drive, 8
Weiner, Leon .... 3900 Hilton Road, Apartment 258, 15
West, Henry A. ....Route #5, Frederick
Wharton, John C. ....713 Alvin Ave., Salisbury
Wheeler, John B., III.....................3828 Yolando Road, 18
Wille, Harry R. ....306 Marydell Rd., 29
Williams, Arza G. ....1010 Cecil St., Salisbury
Williams, Robert A....................2110 Maryland Avenue, 18
Wilson, Thomas E............. 4 Kane Court, Shenandoah Woods,
Wittik, Jerome S. ....6501 Hopeton Ave., 15
Wolf, G. Ernest ....9308 Carlisle Ave., 6 Alexandria, Virginia
Wolfe, James J. ....313 E. 30th St., 18
Wolf, Nathan M. D..........126 Main Street, Brawley, California
Wylie, Hamilton B., Jr..................5002 Greenleaf Road, 10

Yospa, Irvin .... 5409 Jonquil Avenue, 15

Zetlin, Henry P. .... 3 Peachtree Court, 8
Ziegler, Charles L. ....44 N. Locust St., Hagerstown

TRAVELERS' AUXILIARY
of the
MARYLAND PHARMACEUTICAL ASSOCIATION

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1917-18—Walter S. Read
1919—Charles C. Neal
1920-21—L. Manuel Hendler
1922-24—Clifford Southall
1925-26—Donald E. Steiner
1927—Chas. L. Armstrong
1928—Edward W. Piper
1929—Carl C. Manchester
1930—Edward F. Requard
1931—Walter H. Hollingshead
1932—Kenneth F. Love
1933—Milton J. Keppler
1934—Thomas H. Hoy
1935—L. B. Wright
1936—A. G. Leatherman
1937—H. H. Goldscheider
1938—W. Norris Busick
1939—George E. Thumser
1940—Harry A. Zears
1941—T. R. Offenbacher
1942—James H. Fagan
1943—E. T. Crews
1944—George C. Weyprecht
1945—L. M. Rockman
1946—Walter W. Vogel
1947—John K. Stumpf, Jr.
1948—J. A. Crozier
1949—Luther C. Dawson
1950—J. William Gehring
1951—Joseph A. Binko, Sr.
1952—Thomas J. Kelly
1953—Arthur W. Shay
1954—Joseph J. Hugg
1955—Bernard Ulman, Jr.
1956—Laurance A. Rorapaugh
1957—George S. Teass
1958—Joseph L. Muth
1959—Albert Heydemann
1960—Richard R. Crane
1961—Edwin M. Kabernagel, Jr.
1962—H. Sheeler Read

Vice-Presidents

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1925—Fletcher L. Duff
1926—Charles L. Armstrong
1927—Edward W. Piper
1928—Carl C. Manchester
1929—Edward F. Requard
1930—Walter H. Hollingshead
1931—Kenneth F. Love
1932—M. J. Keppler
1933—Thomas H. Hoy
1934—L. B. Wright
1935—A. G. Leatherman
1936—H. H. Goldscheider
1937—W. Norris Busick
1938—George E. Thumser
1939—Harry A. Zears
1940—T. R. Offenbacher
1941—James H. Fagan
1942—E. T. Crews
1943—Nathan Burman
1944—L. M. Rockman
1945—W. W. Vogel
1946—John K. Stumpf, Jr.
1947—J. A. Crozier
1948—Luther C. Dawson
1949—J. William Gehring
1950—Joseph A. Binko, Sr.
1951—Thomas J. Kelly
1952—Arthur W. Shay
1953—Joseph J. Hugg
1954—Bernard Ulman, Jr.
1955—Laurance A. Rorapaugh
1956—George S. Teass
1957—Joseph L. Muth
1958—Albert Heydemann
1959—Norbert H. Zeller
1960—Edwin M. Kabernagel, Jr.
1961—H. Sheeler Read
1962—James A. Allen

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(Office combined in 1921)

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1916-21—Walter L. Pierce, Treas.
1920-25—Harry H. Hoffman
1926-28—Edward F. Requard
1929-59—Emory G. Helm
1962—John A. Crozier

Secretary

1959—Louis M. Rockman
1960-61—Thomas J. Kelly

Treasurer

1959-61—John A. Crozier

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Jack M. (Minnesota Mining & Mfg. Co.) Albert 1723 Hartsdale Rd. 14
James A. (Hendler Creamery) Allen 408 Lee Drive, 28
James E. (H. B. Gilpin Co.) Allen..901 Southern Ave., Wash. 3, D.C.
Bernard A. (Calvert Drug Co.) Appel 50 Club View Lane, Phoenix, Md.
Charles L. Armstrong (Retired) ....1207 Culvert Rd., 4
Melvin (Austin Biscuit Co.) Asch .... Box 1936, 3

Charles Becker (Retired) Apt. 29, 24 Oaklee Village, 29
S. M. Behrend (Retired) ....935 Marsaille Drive,
Nancy Villa Apts. Miami Beach, Fla.
Jack I. (Oriole Sales Co.) Bergerson, 212 Conewood Rd., Reisterstown
Elmer H. (Home Builders Assn. of Md.) Biles....221 Rickswood Rd.,
Timonium, Md.
Albert J. (Binko Photo Labs.) Binko Box 12, Route 3, Bel Air, Md.
Herman (Paramount Photo Service) Bloom, 3042 Greenmount Ave, 18
B. Dorsey (Coca-Cola Co.) Boyle 1120 Mathieson Bldg., 2
Murray J. Bradley ....3 Dulaney Valley Rd., Phoenix, Md.
Maurice B. (Brager Display Center) Brager ..408 S. Hanover St., 1
George M. (Youngs Rubber Corp.) Brandt ....3509 Millvale Rd., 7
W. Norris (Borden Ice Cream) Busick ..2944 Wyman Parkway, 11
Dr. H. C. Byrd ....College Park

Alfred E. (Lance Co.) Callahan ..944 Starbit Rd., Campus Hills, 4
David C. (Smith, Kline & French) Carter ......2017 Kynwyd Rd.,
Wilmington 3, Delaware
Fred W. (Coca-Cola Co.) Caspari ....613 Debaugh Ave., 4
Melvin M. (Calvert Drug Co.) Cernak ....8104 Clyde Bank Rd., 4
Daniel E. (Danco Coin Mach. Co.) Cohan.... ..247 S. Broadway, 31
Walter (H. B. Gilpin Co.) Collier, Jr. ....4407 Groveland Ave., 15
John G. (Borden Ice Cream) Cornmesser, 1100-10 E. Baltimore St., 2
Joseph A. Constanza........... ....4906 E. Federal St., 5
Elwood F. (New England Conf.) Countess....R.F.D. 3, Ellicott City
Richard R. (Geigy Co.) Crane ....6007 Eurith Ave., 6
John A. (Calvert Drug Co.) Crozier Manor Rd. R.F.D.,
Glen Arm, Md.

John D. (General Electric Co.) Davidson ....Box 7427, 27
James J. (Kimberly Clark) DeLargy, Jr...........1405 Limit Ave., 12
William E. (Mfg. Agent) Devers ....15 Florida Rd., 4
Howard L. (Calvert Drug Co.) Dickson ......1946 Ormand Rd., 22
Robert L. (Norwich Pharm. Co.) Donaldson, 1009 Marksworth Rd., 28
Charles Duvoisin (Retired) .... 704 Winans Drive., 29

H. Jack (Bauer & Black) Elbon ....1252 Meridene Dr., 12
Frank (Loewy Drug Co.) Engel ....5413 Nelson Ave., 15
Carl L. (Calvert Drug Co.) Esposite ....811-2nd Ave., Glen Burnie
David I. (Loewy Drug Co.) Estrin..............1100 N. Chester St., 3
George S. (Hendler Creamery) Euler ....526 Charing Cross Rd., 29
Russell C. Eustice, Jr. ......17008 Woodale Rd., Silver Spring, Md.

James H. (Borden Ice Cream Co.) Fagan ..1502 Pentridge Rd., 12
Leo J. (McDowell, Pyle Co.) Falter ....4233 Flowerton Rd., 29
I. M. (Manhattan Drug Co.) Fischer, Jr. ..11 Slade Ave., Pikesville 8
Joseph P. (H.B. Gilpin Co.) Fitzsimmons, Ferry Point Rd., Annapolis
Paul I. (Folkemer Photo Service) Folkemer, 925 Poplar Grove St., 16
Ernest H. (Austin Biscuit Co.) Fox ....P. O. Box 1936
Paul H. (Loewy Drug Co.) Friedel ....3117 Jeffery Rd., 7
Jack (Jay Drug Co.) Frieman ....3703 Seven Mile Lane, 8
Eugene (Taft, Warren, Taft) Frishman ....124 South St., 2

J. G. (Johnson & Johnson) Gayhardt ....1307 Kenton Rd., 34
J. William (Walsh & Koehler Glass Co.) Gehring
5620 Greenspring Ave., 9
Herbert B. (Miller Drug & Sundry Co.) Goldstein
3906 Glengyle Ave., 15
Wilfred C. (Delvale Dairies) Gosnell .... 3621 Kimble Rd., 18
William M. (J. F. Hancock & Son) Gould ....302 S. Central Ave., 2
William L. (Muth Bros. & Co.) Grove ....Jarrettsville, Md.

John R. (Johnson & Johnson) Hadley ....213 Purlington Way,
Lutherville
Arthur V. (Brockway Glass Co.) Hall ....7800 York Road, Towson 4
Albert (Hendler Creamery Co.) Hendler ....1100 E. Baltimore St., 2
Bernard R. (Hendler Creamery Co.) Hendler ..1100 E. Balto. St., 2
Joseph B. (Aetna Casualty Ins.) Herron, 230 Deepdale Dr., Timonium
B. Randall (American Express) Hill ......1211 Glenwood Ave., 12
Richard L. (Helene Curtis) Hopkins..........328 Stratford Road, 28
Joseph J. (Calvert Drug Co.) Hugg ....1212 Cochran Ave., 12

John J. (H. B. Gilpin Co.) Imwold........3212 Northway Drive, 14

Howard C. Johanson (Retired) ....509 Worcester Rd., 4
Swen (Personal Products) Justis ....1313 Margarette Ave., 4

Edwin M. (WFMM) Kabernagel, Jr. ....115 Marburth Rd., 4
Leo (Doc) (Beacon Janitorial Serv.) Kallejian 1013, W. North Ave., 17
Thomas J. (Robert Wood Johnson Co.) Kelly... Love Road R.F.D. 5,
Sommerville, N.J.
Milton J. Keppler ....6914 Monument Ave., Richmond, Va.
Robert B. (Howard Drug & Med. Co.) Kettlewell, 601 Dunkirk Rd., 12
Alfred M. (Koontz Creamery) Knapp .....5600 Reisterstown Rd., 15
James J. (Sealtest) Kreiter ......60 M St. N.E., Washington, D.C.
Harry A. (The Mennen Co.) Kunkel, Jr. ...5200 Gwynn Oak Ave.,7

Maurice Y. (Kimberly Clark) LaBarre ......204 Brookside Ave., 28
Ben (Pepsi Cola Bot. Co.) Lapides ....400 Key Highway, 30
Morton (Suburban Club Carb. Bev. Co.) Lapides
1838 N. Patterson Park Ave., 13
Philip S. (Pitman-Moore Co.) Lazarony ..1552 Northbourne Rd., 12
A. G. (Eli Lilly Co.) Leatherman ....2 Ridge Rd., 28
Julius (M. Levin & Sons) Levin ....2123 Frederick Rd., 23
Philip (Loewy Drug Co.) Levin ....1100 N. Chester St., 3
Herman (H. A. Levy Co.) Levy................205 S. Hanover St., 1
Louis (Retired) Levy ....3311 Shelburne Rd., 8
Frederick W. (Abbot Dairies) Lindsey .. 3613 Woodlea Ave., 14
Kenneth F. (S. F. Whitman & Son) Love ....111 Enfield Rd., 12

Carl C. (Retired) Manchester..401 Allegheny St., Hollidaysburg, Pa.
Charles A. (Binko Photo Labs.) Maranto 2819 Onyx Rd., 4
Charles J. (Minnesota Mining) Marx.. .....1229 Newfield Road, 7
Alexander M. (American Drug Insurance Co.) Mayer
1800 N. Charles St., 1
James A. (Washington Drug Exch.) Membert....1421 Highland Dr.,
Silver Spring, Md.
David H. (Hendler Creamery Co.) Mirvis ....3218 Garrison Ave., 15
L. Dudley (Miller Bros.) Miller................110 S. Paca Street, 1
Leonard E. (Sealtest Ice Cream) Miller..........4404 Norbeck Rd.,
Rockville, Md.
John Albert (Ram Sign Co.) McGowan.... ..1820 Colmar Road, 7
William C. (Retired) McKenna........3902 Hadley Square, West, 18

William Lawson (Brockway Glass Co.) Nelson, Bottom Rd., Hyde, Md.
David L. (American Hygiene Co.) Norwitz ......10401 Barrie Ave., Silver Spring, Md.

John F. (Miller Drug Sundries) O'Donovan ..304 New Jersey Ave., N.W., Glen Burnie, Md.
Melvin (Loewy Drug Co.) Oberfeld..........4003 Rosecrest Ave., 15
Albert V. (Merck, Sharp & Dohme) Ohlendorf 714 Stoneleigh Rd., 12
Frank J. (Minnesota Mining & Mfg.) O'Pielski...428 S. Burn Road, Bridgeport, Penna.

Wilmer (Loewy Drug Co.) Parker ......902 Russell Ave., Salisbury
I. Jack (W-I-T-H) Parks ....7 E. Lexington St., 2
Earl V. (Beecham Products) Parr............6855 McClean Blvd., 24
Roy O. (H. B. Gilpin Co.) Peterson........Inglewood, Cottage Ave., Ellicott City, Md.
Gordon L. Phillips..............1041 Morgan Ave., Drexel Hill, Pa.
Edward W. Piper ....Montrose Ave., 12
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Laurance A. (Hendler Creamery) Rorapaugh ..609 Meyers Drive, 28
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Maurice Rovner........................4303 Park Heights Ave., 15

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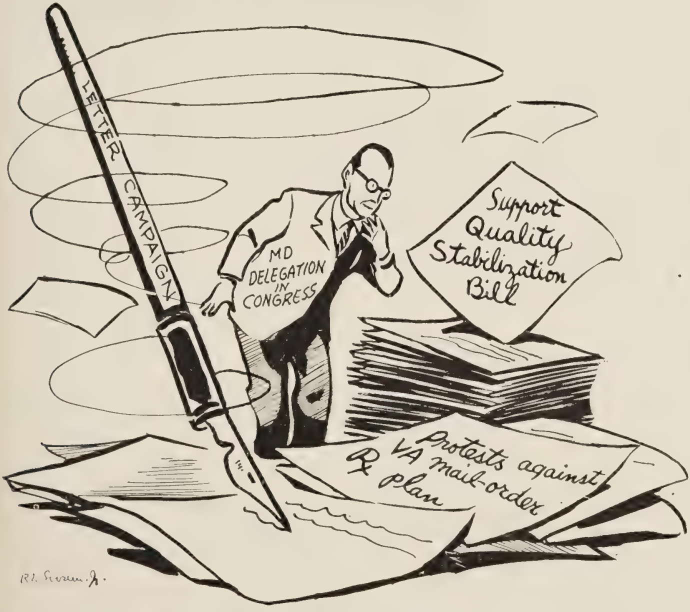
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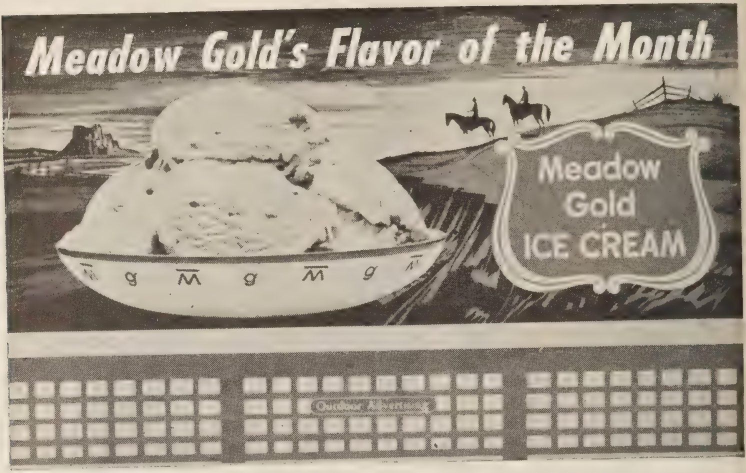
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1. *Siver, Robert H.: Current Medical Digest, Vol. XXI, September 1954.*
2. *Weekes, Don J.: New York State Journal of Medicine, Vol. 58, August 1958.*
3. *Abbott, P. L.: Journal of Oral Surgery, Anesthesia and Hospital Dental Service, July 1961.*
4. *Siver, Robert H.: The Journal of the Medical Society of New Jersey, Vol. 58, February 1961.*

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All Best Wishes

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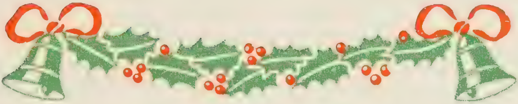
A Happy New Year



VOLUME XXXVIII - NO. 2 NOVEMBER, 1962

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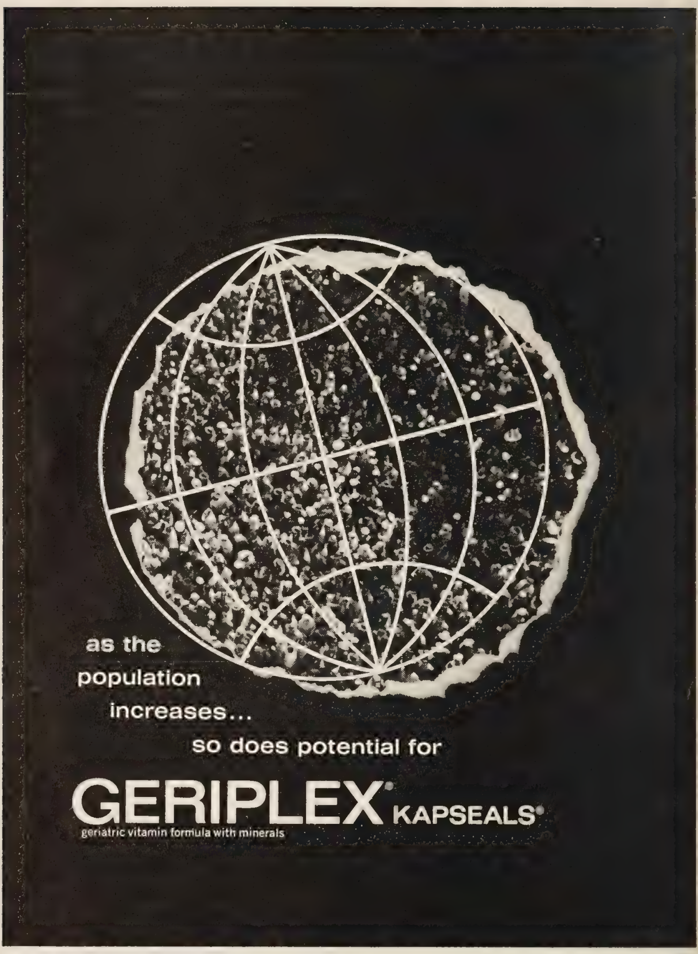
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The Maryland Pharmacist

— NATHAN I. GRUZ, Editor —

Volume XXXVIII NOVEMBER, 1962 No. 2

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Editorial . . . . . .

Executives of chain drug stores number some of the most astute observers of the pharmaceutical scene. It would be well to concern ourselves with the remarks of Carl W. Evans, President of Gray Drug Stores in Ohio.

Evans believes that in the next few years his chain's volume will remain stable or show steady gains. He adds, "After perhaps a couple of years, a reverse of today's trends may occur, with sales of regular drug stores rising again, while other drug outlets go through a national shakeout. This is a specialized field and many inexperienced operators will find the going too rough. In a field where profit margins are extremely narrow at best, a lack of experience can take a heavy toll."

George Burrus, President of Peoples Drug Stores, sees that a leveling off in new retail store openings and a slowdown in discount pricing would result eventually from constantly increasing operating expenses in intensely competitive markets.

Evans also points out that "with more and more stores handling health and beauty aids, and all at discount prices, the attraction to a customer to go to any one outlet because of price becomes less and less".

The deterioration in Fair Trade brought an expansion of discount department stores, conventional department stores and supermarkets into health and beauty aids with large departments devoted to them. Now many supermarkets have turned to prescription departments to obtain the needed gross margins.

But, here is the important point. Despite the 39 discount operations into which Gray has entered, the chain considers its 111 regular drug stores as "our bread and butter business". The prescription and pharmaceutical departments are in the main showing volume increases, in contrast to health and beauty aids departments, which are showing sales declines.

Evans has gone on to state: "Our present policy, and one that will be stepped up considerably in the near future will be that of featuring our prescription and pharmaceutical departments and the many sundries that we handle. If the various merchants take over our health and beauty aids business, we just can't sit still. We are going more and more into soft goods . . .".

Adolph Weinberger, Chairman of the Board of Gray, has also arrived at a conclusion no pharmacy proprietor can ignore: "our business is based on the providing of a service essential to human health and welfare. We never forget this fact and seek to conduct all our affairs on the dignified basis which we consider appropriate for an organization engaged in the sale of ethical pharmaceuticals."

Taken from realistic appraisals by leading executives in pharmaceutical retailing are some guide posts for all pharmacists:

1. Never forget that pharmacy is based on service essential to health and welfare.
2. Operate your pharmacy in a dignified manner.
3. Feature your prescription and drug department.

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President's Message . . . . . .

Dear Fellow Members:

Seasons Greetings. My fondest wishes to you and yours at this time of the year. I can only hope that the message of peace on earth will apply to all of us all of the time. Although it is always darkest just before the dawn, let us hope at this season of the year that we have reached the darkest part of the night in our search for an answer to the problems besetting our profession today

I, and I am sure you also, must believe in what we practice and what we preach so let's continue to do it in the spirit of the season of the year. I am sure that if we do this and all that it implies, we will come out into the dawn with a new and completely fresh outlook.

Too often at this time of the year commercialism rears its ugly head and since this is not intended as a message concerning Association business, let me again in closing wish all of the people connected with pharmacy in any phase the very happiest and sincerest Season's Greetings.

Sincerely,

VICTOR H. MORGENROTH, JR.
President

Season's Greetings

IMPORTANT NOTICE

VETERANS ADMINISTRATION PRESCRIPTIONS

The Maryland Pharmaceutical Association has been authorized to process Veterans Administration Hometown Program prescriptions until December 31, 1962.

Please continue sending your V.A. prescriptions and invoices to the Association office until December 31, 1962.

Beginning January 1, 1963 participating pharmacies will have to submit their bills direct to the V.A. **It is not necessary to sign a contract with the V.A. in order to participate.**

It is important that you keep and accurate record of any difficulties that may arise after January 1, 1963. This suggestion is directed to relations between pharmacies and the V.A., between veterans and the V.A. and between veterans and participating pharmacies.

The Maryland Pharmaceutical Association will try to do its best to render professional service to participating pharmacies, veterans and the V.A.

As the Holiday Season approaches we pause to extend Greetings and Best Wishes to our members and many friends for a Happy and Prosperous New Year.

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Secretary's Script . . .

A Message from the Executive Secretary

As we approach the midpoint in our Association year, an outline of some of the association activities is in order.

1. **Legislation Program.**

   Every possible angle of legislative and legal approach is being investigated to secure the legitimate goals of pharmacists in achieving their professional and community goals. Chairman Mask and his committee continue in the development of sound proposals.

2. **Medical Care Program.**

   A special committee has been conferring with the State Health Department concerning medical care prescription regulations and revisions of the compensation to pharmacists. Facts to back up new proposals are being obtained. Many pharmacists will be asked to provide data to show the cost of filling a prescription.

3. **Interprofessional Relations.**

   During the past year unsurpassed progress has been made under President Morgenroth in developing close understanding between physicians and pharmacists. Problems of mutual interest are being jointly tackled. Pharmacists and physicians are working closely together in the Pharmacy Liaison sub-committee of the State Medical Society. They are cooperating along with dentists in the Maryland Congress of Profession. Pharmacy can expect the support of these allied professions to an extent never before achieved in the solutions to problems confronting us.

4. **Insurance and Pension Programs.**

   A new committee, headed by Alexander J. Ogrinz, Jr., is seeking to meet the needs of pharmacists for a sound pension program for our members. A questionnaire will be sent to the membership to determine their degree of interest in pension programs. Please cooperate when you receive your questionnaire.

5. **Political Information Committee.**

   Under the leadership of C. Robert Welsh a program has been developed to inform the membership of issues and candidates. In addition, the committee encourages pharmacists to participate in political, civic and community affairs. If you have not returned your questionnaire, please do so at once.

Programs can be carefully planned by the Association, its officers and committees. It will take the active assistance of every member to turn programs into successful realities.

The response from the membership has been gratifying this year. We hope that every one of our members will continue to cooperate when called upon. Some members devote hours and days to the Association. If every member gave one hour a week to the Maryland Pharmaceutical Association—the state society which represents him in his livelihood—what a powerful force Maryland pharmacists would create!

Sincerely,

Nathan I Gruz

Executive Secretary

ope. *To a child, hope is a buttercup under the chin. Hope is the promise of snow in the air. Hope*
he hinted surprise in a stocking at Christmas. Our hope for you is for a Merry Christmas and a
sperous New Year. YOUNGS RUBBER CORPORATION.

The First Simon Solomon Pharmacy Economics Seminar—November 1, 1962

The First Simon Solomon Pharmacy Economics Seminar at the Warren House, Pikesville, sponsored by the Maryland Pharmaceutical Association, proved to be an outstanding success. Under the chairmanship of Aaron Libowith, the program, designed to assist pharmacists in business management and current competitive problems, featured a number of leading experts.

After the welcoming remarks by the Chairman, the guest of honor, Simon Solomon, responded with a message reviewing recent developments in pharmacy and expressing his gratitude for the honor bestowed upon him by the Association, for which he has been laboring for so many years. Greetings were brought by Nathan I Gruz, Executive Secretary, in the absence of President Victor H. Morgenroth, Jr., by President Jerome Cermak for the Baltimore Metropolitan Pharmaceutical Association and by Robert Sinker, President of the Prince Georges-Montgomery County Pharmaceutical Association. Telegrams were read from Dr. Robert L. Swain and C. Murray Allen, President of the Allegany County Pharmaceutical Association.

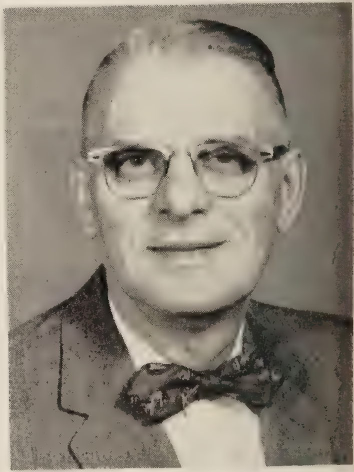
The morning program consisted of the following: Joseph P. Fitzsimmons, General Sales Manager, Henry B. Gilpin Co., "The Future Role of the Independent Pharmacist in the Sales of Up Front Merchandise"; John Stinson, Assistant Vice-President, First National Bank of Maryland, "The Economic Outlook and Banking Services in Establishing and Modernizing Pharmacies"; Joseph Kolodny, Managing Director, National Association of Tobacco Distributors, 'We Want to Stay in Business".

The afternoon program consisted of: Wallace T. Drew, Vice-President of Coty, "Increasing Cosmetic Department Profits"; K. Brantley Watson, Vice-President Human Relations, McCormick and Company, "A Prescription for Good Human Relations in Business"; James T. Fleming, District Sales Manager, Rexall Drug Company, "Operation Challenge".

Mr. Joseph Kolodny's address follows this article, other material from the presentation of the speakers will be published in forthcoming issues of the Maryland Pharmacist.

The following tribute to Simon Solomon appeared in the program of the First Simon Solomon Pharmacy Economics Seminar:

Simon Solomon
Pharmacy Economics Seminar



SIMON SOLOMON

In naming this Pharmacy Economic
Seminar in honor of Simon Solomo
the Maryland Pharmaceutical Associa
tion is recognizing the outstanding con
tributions of Mr. Solomon to the ad
vancement of the profession of pha
macy. For more than three decades, h
has devoted himself wholeheartedly

Left to Right—Nathan I. Gruz, Executive Secretary; Joseph Kolodny, Managing Director, National Association of Tobacco Distributors; Aaron M. Libowitz, Chairman; Simon Solomon; John Stinson, Assistant Vice-President, First National Bank of Maryland; Joseph P. Fitzsimmons, General Sales Manager, Henry B. Gilpin Co.

WALLACE T. DREW
Vice President of Coty

K. BRANTLEY WATSON
Vice President Human Relations, McCormick & Company

JAMES T. FLEMING
District Sales Manager, Rexall Drug Company

Season's Greetings

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both the professional and economic affairs of pharmacists.

Simon Solomon graduated from the University of Maryland School of Pharmacy in 1918. "Si" Solomon has been in retail pharmacy since his Army service in World War I. At one time he, together with his brother, operated three pharmacies. At present they conduct one pharmacy in Baltimore.

He served as president of the Alumni Association in 1931-32, president of the Baltimore Retail Druggists in 1934 and as a vice-president of the National Association of Retail Druggists in 1936.

Among his foremost activities was his efforts in the enactment of Fair Trade legislation in Maryland. Since 1935 he has served as Chairman of the Fair Trade Committee of the Maryland Pharmaceutical Association. He has been elected to the Rho Chi Honor Society and received the Honored Alumnus Award of the Alumni Association of the University of Maryland School of Pharmacy in 1954. He has served continuously as a member of the Executive Committee of the Maryland Pharmaceutical Association since 1939. He has been a director of the Calvert Drug Company since 1944.

Simon Solomon's knowledge of the subject of "Fair Trade" is legendary and equaled by few in this country. He has been consulted by national authorities and has testified before committees of the Congress of the United States.

The 1962 "Terra Mariae" year book of the University of Maryland School of Pharmacy, has expressed well the feelings of Simon Solomon's colleagues:

"The strong and loyal devotion which Si has shown to his profession plus the fact that he makes himself readily available to others, has made him one of the most sought after men in the state on matters pertaining to pharmacy. His intelligent and practical solution to problems of pharmacy has earned him the title of a 'Sage of Pharmacy.'

"We take great pride in having among our midst such an outstanding leader as Simon Solomon, and we are very fortunate in having a gentleman of such high caliber. We appreciate all his efforts in that he has never refused to cooperate with the various pharmaceutical associations when called upon and his efforts are and will be appreciated by everyone connected with the profession of Pharmacy."

We Want To Stay In Business

Address by Joseph Kolodny, Managing Director, National Association of Tobacco Distributors, before the First Pharmacy Economics Seminar of the Maryland Pharmaceutical Association, November 1st, 1962.

Let me point out, at the outset, that the Distributive Revolution is surging ahead and rampaging at an accelerated pace; that as a consequence numerous and as yet unforeseeable changes are imminent in the market place; that at this juncture, modern business management of any commercial enterprise demands and entails professional and scientific know-how.

In this era of turbulent and tumultuous market place shifts, no one can depend upon "hunches" or "I-think-it's" or "I-believe-it's" or "My-impression-of-it-is." Top management—whether executive, sales, whether wholesale or retail—must not, as a matter of enlightened self-interest, rely on cliches, pretenses, hopes, excuses, pretexts or evasions. It cannot excuse or vitiate its own lack of performance by claiming ignorance by standing on ceremony, by disclaiming responsibility, or by attempting to "pass the buck" to someone else. Each of its actions, policies, programs or courses of procedure involves hazards—very often momentous ones—since they in turn set a specific, irreversible stream of events into motion.

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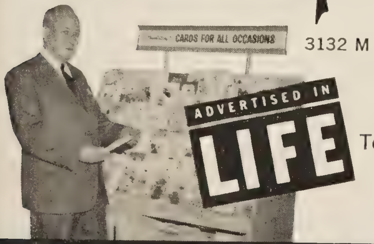

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Why is this so? In part, it is because we of this generation have been and continue to be exposed to what might be categorized as a paradoxical "split image." On the one hand, we witness the dramatic developments of social-mindedness and responsibility—the all-pervading forces that govern and influence our attitudes and mores in relationship to the individual—to the point where the term "cradle to the grave," which was regarded as a pointless generalization only "yesterday," has become a universal reality today.

What is really meant by the expression "cradle to the grave?" For its protagonists, at least, it is a consciousness of the individual's value in our complex society. To illustrate: When a man passes away, society provides his widow with a pension. Up to the age of 18, it aids in the rearing of his orphans. For senior citizens, there are old-age pensions. For those temporarily without work there is unemployment insurance. In their turn, America's business enterprises are providing, in ever greater number, profit sharing plans and retirement programs, as well as insurance and disability protection. These programs, singly or in the aggregate—all for the safeguard of the individual's life and future—have given reality to the formerly trite phrase—"from cradle to the grave."

On the other hand, at least insofar as it pertains to the market place, we are witnessing competitive capitalism at its zenith—catapulted into sharp focus by the vitality of an economy whose every vestige is in volatile flux.

Revolutionary changes have been taking place most notably, since the end of World War II, in distribution. Nowhere have the manifestations of this distributive revolution been as extreme as in the field of retailing—every facet of which bears the mark of change and then change again.

Supermarkets and shopping centers were dramatic innovations in the still continuing distributive transformation that later saw the birth of the discount house in the late 40s. It is interesting to cite that even now, no one can accurately categorize this novel operation. This is because discount houses are still malleable, and still persist in "stretching out" their facilities to encompass more and more lines of merchandise. Despite this, however, it is comparatively simple to delineate just *how* the discounters function. They purport to operate at a lower over-all markup than the conventional retail outlet. Significantly, the principal means of achieving this "ideal" of lower margin and lower price has been an overriding emphasis on self-service.

The same powerful and irresistible social and economic factors that have propelled the discount house to the forefront in today's retailing picture,

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also tends to spur the department store, the grocery store and the drug store toward a maximizing of their self-service operations. These factors encompass:

1)—Exorbitant costs of labor involved in present methods of operation.

2)—The painfully diminished calibre of retail sales personnel.

3)—To assist and facilitate in the inevitable transition, there is a wide range of mechanical devices and technological contrivances—including partial automation, electronic data processing equipment and a plethora of other technological advances that make it possible for even the smallest entrepreneur to dispense a prodigious assortment of products through self-service techniques.

4)—The public, especially the housewife, has become accustomed to self-service, and in many instances prefers to buy this way—as evidenced by the popularity of supermarkets, automatic laundries, automatic dry cleaners, automatic snackbars, etc. etc.

5)—The indication that consumers would rather serve themselves than be exposed to inefficient and uninformed sales personnel.

6)—The fact that self-service epitomizes the present "do-it-yourself" era.

7)—The retail merchant—including the druggist—is severely subjected to an array of powerful new and dynamic competitive forces. These embody food chains, discount chains, variety chains, mail order chains and, growingly, the promotion and sale of an increasing number of private brands.

8)—The realization that these experienced and sophisticated "price competitors" will continue to develop newer self-service techniques, and will persist in carving away an even larger slice of the proprietary business.

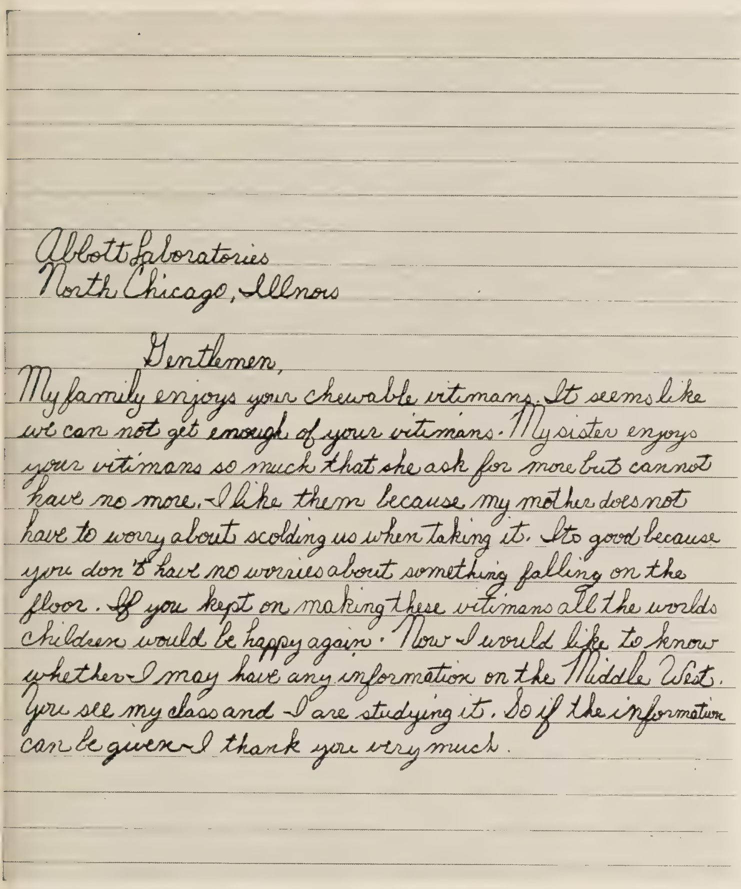
9)—The recognition that the retail druggist particularly has to become reconciled to the blunt fact that some of his costly time-consuming services, especially in the prescription department, have been sharply reduced by the drug manufacturers' putting out more and more completely compounded products in tablet form.

10)—The cognizance that this development enables the druggist to now allot more of his time and effort to other and collateral facets of his business.

Interestingly enough, the history of the drug store provides overwhelming evidence of the profession's flexibility, adaptability and initiative. From the earliest time—when from the science of pharmacy, medicine was evolved—to the establishment of the first retail drug store in America early in the 18th Century, the pharmacist-druggist has continued to be dedicated in a very personal way to the needs of the community.

Significantly, the drug store gave rise to the first tacit manifestation of what has since been known as the "distributive revolution." Up until the middle 1920s, marketing in all retail product areas fitted into a fairly rigid pattern. The grocery store sold groceries; the haberdasher—apparel items; the drug store—pharmaceuticals; the tobacconist—tobacco products; and—with the exception of the general store which carried a miscellaneous assortment of goods—most retail merchants always specialized in specific "related" product lines.

Utilizing their creative initiative, druggists, as enterprising retailers, began—as early as the third decade of this century—to capitalize on the huge consumer traffic flowing into their establishments. By diversifying—a commonplace word today—druggists began to render available an increasing assortment of items that were seemingly



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alien to their basic lines, but—at the same time—that were obviously well related to the needs of the consuming public. The druggist was the original innovator and diversifier, who paved the way for the grocery man to add unrelated product lines to his basic food stuffs, and thus generated the inspiration that later birthed supermarkets and, ultimately, their distributive mutants—discount houses.

The fact that the market scene has never ceased to change and to evolve, makes it obvious that the ideas that were so practicable in the 20s and the 30s are no longer germane to the volatile market place of today and tomorrow.

In this connection, it is interesting to note that the continuing aggressiveness of the drug industry has helped achieve retail sales which have outstripped the performance of most other retail establishments. For example, between 1957 and 1960, sales in drug stores increased by nearly 20%, while sales for all non-durable goods stores increased only 13.7% and sales in all retail stores increased by a comparatively anemic 9%.

A substantial portion of this increase is, of course, attributable to the phenomenal growth of the drug and toiletry industries into an annual volume of $9 billion, with prescription type drugs accounting for $2 billion.

It is implicit in the American free competitive system that, concurrent with the growth in public acceptance and usage of branded products of an industry or a group of industries, invariably tends to attract and virtually "magnetize" all sorts of retail outlets to handle and market that branded product or group of products. The trend in that direction has been gaining momentum in the past three decades, thereby contributing to a "scrambled" condition of indescribable proportions in the retail market place. This trend may have been of only nebulous concern to the retail druggist in its initial stages, but when, however it penetrated and invaded the proprietary drug horizon, then the problem to the retail druggist became quite challenging.

Thus, discounters already accounted for drug sales of approximately $400 million in 1961. As an expanded factor in the handling of health and beauty aids, discount house sales of these items exceeded $1.5 billion in the same year. Variety stores and house-to-house sales are further digging—on an ever—enlarged scale—into the proprietary, health and beauty aid market.

The wholesale tobacconist and the wholesale grocer are finding it fruitful to handle and provide an ever widening exposure to proprietaries, health and beauty aids.

Rack jobbers have, in recent years cut, rather incisively, into the market, thereby encroaching upon the realm formerly presided over by the retail druggist.

Drug store volume in the State of Maryland averages approximately $159,000 per outlet. This breaks into:

DEPARTMENT	Percent of Sales	Percent of Sales Volume
Candy	2.7	7
Ethicals	28.7	2
Fountain	8.4	5
Other	3.1	6
Proprietaries (Including health and beauty aids)	33.6	1
Sundries	16.3	4
Tobacco	17.2	3

It should be borne in mind, however, that percent of sales volume does not have any actual relationship to profit.

Proof of this is portrayed in the following figures, which break down the contribution of each department.

DEPARTMENT	% of Net Profit Contribution	Relative Importance of Net Profit Contribution
Candy	3.7	6
Ethicals	20.8	2
Fountain	15.1	5
Other	2.6	7
Proprietaries (Including health and beauty aids)	24.3	1
Sundries	16.3	4
Tobacco	17.2	3

Owing to the profit relationship of this product-mix, it is obvious that there is a major policy area that the druggist must realistically evaluate, so as to determine his future course of business conduct.

Alternative number one: The retail druggist can hew to the marketing policy which will inevitably result in an accelerated loss of more and more proprietary business.

Alternative number two: He can program his proprietary merchandising by setting out to reclaim his eminence in this field and, concurrently, strengthen his position in ethical products.

While at first glance, losing proprietary volume might not seem a major "tragedy", it is, in the opinion of erudite marketing men, of serious concern, since proprietary items are as germane to the operation of the druggist as cigarettes are for the wholesale tobacco distributor.

On the face of it, cigarettes and proprietary items do not seem most lucrative items in terms of mark-up. However, just as they are incomparable and irreplaceable "calling cards" and "door openers" for wholesalers, it is upon these lines of merchandising that store traffic is built in retail outlets.

Proprietary items and cigarettes are the springboards upon which wholesale and retail businesses have expanded, since they are the most potent traffic "enticers." If you lose them. you will also inescapably lose much of your profitable ethical volume and varying amounts of other desirable business.

It is essential to appreciate why mere mark-up is not the all-encompassing measure of profit. Actually, as any financial specialist wil concur, it is the turnover that, more often than not, is the real key to the all-important yield and return on investment.

Hypothetically speaking, a product with a mark-up of 15% that turns over 12 times a year returns the druggist $1.80 gross profit for each dollar of inventory investment. Cigarettes, when inventory is properly controlled—turn over at least 50 times a year, at a minimum mark-up of 8%, yielding $4 for each dollar of inventory investment. This is the point to remember — an item marked-up 50% that only turns over 2 or even 3 times a year brings back only a maximum of $1.50 per dollar of inventory investment.

Turnover and skillful inventory control are the keys to profitable retail operation. The druggist who has his proprietary, sundry and tobacco requirements delivered weekly or twice a week instead of once every two weeks reduces his inventory investment by 50% or 75%, and increases his return on investment by 100% or 200%.

Where you buy and how frequently your supplier is able to deliver and replenish governs ultimate net profit.

As a corollary, one might point out that it is one thing to bemoan the advent of the supermarket and discount house or other form of competition as ruthless merchandisers of proprietary drug products; it is, however, another thing wittingly or unwittingly to behave in such fashion as to actively "give away" the business to them. (Nothing, as is well known, will forestall more and more discount houses or supermarkets from following the lead of their more aggressive counterparts, in expanding their proprietary and prescription departments, than if we forelornly stand by and let them capture the traffic.)

It is axiomatic in American business that one can't solely enjoy "the cream." Buttermilk and its by-products must also be put to profitable use. The branded well-known consumer items are our by-products that build traffic, sales volume and profit dollars. Using them to maintain volume, and as a corollary to help expand prescription departments, is in every dimension a wise course to follow. Moreover, it simultaneously provides a base upon which added sundry products business can be built.

Essentially, a multiple policy suggests itself as a most practicable course of action: ,

1)—Revitalize the "drug store image" by developing and accentuating professional identity as an ethical druggist of character and integrity. The term "Public Relations" has become integral to the American business nomenclature. While some of us mistakenly believe it is applicable only to large, affluent and opulent firms or individuals, the meaningfulness of the term relates with equal weight to every enlightened, progressive, alert and farseeing enterpreneur. It merely means accentuating and placing one's actions in a favorable light. The independent ethical druggist is, for all practical purposes, a "natural" for the enhancement of his status, reputation and image in his neighborhood and in his community. It should be exploited to a maximum.

2)—Accelerate and expand the establishment as a modern version of the general store—a "discount house" if you will, founded upon proprietary sales and other branded goods.

3)—It is incumbent upon every one of us in the marketing sphere—regardless of age or status—to reeducate ourselves in the ingredients that make up the numerous new concepts and facets of modern marketing and merchandising. Toward the achievement of this goal, it is practicable to consider the establishment by your association, unilaterally or in conjunction with a school of business administration, of a marketing school with sessions conducted on days and at hours most convenient to the members and their personnel. While some courses may seem academic to the veterans and may even be construed, as is usually the case, as an utter waste of time, no one, but no one can dismiss or discount their priceless value in provoking thought; in encouraging experimentation; in assessing trends; in computing costs; in evaluating consumer desires and reactions; and in furnishing a stage—away from the grueling daily chores—upon which to examine, carefully and objectively, one's own operation.

Let's study for a moment some statistics of the products handled by wholesale tobacco distributors, which are quite engrossing. A national survey recently established that independent drug stores account for 9.3% of all cigarette sales at retail. Chain drug stores quite surprisingly account for only 4.6%. Translated into dollars, this totals to nearly 14% of all cigarettes sold in the United States. It indicates that annual sales in drug stores alone amount to more than a whopping $900 million.

This is truly big business and, as a result, the retail druggists of Maryland are important customers of this state's wholesale tobacco distributors. In 1961, primary tobacco distributors' sales volume in Maryland amounted to over $121 million, and this figure will rise by more than 10% before this year is

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over. Their volume in drug sundries alone exceeded $8 million.

Another area of available profit for druggists is in the sale of cigars. While the wholesale value of cigars sold in Maryland exceeds $10 million, the potential for druggists is just being tapped. Significantly, a recent survey shows that nationally 43% of all cigar smokers purchase their favorite brands in drug stores, whereas only 22% of the cigars sold in Maryland are purchased in your outlets. Cigars are in every respect a convenience item and are therefore primarily purchased at neighborhood outlets.

While the profit aspects of tobacco products illustrate the huge area of merchandise which is related to your basic skills, it should not obscure and obviate sales expansion in other quarters. It is estimated, for example, that 40% of today's retail sales consist of products that were not even available only a half dozen years ago. Commendably, tobacco wholesalers have been "on their toes" in the exacting task of seeking out a vast array of new merchandise, estimating and deciding—on the basis of their many years of dealing in sundries—whether an item is likely to "go over," to "be accepted," or to "catch on" in their marketing areas.

At the present rate of diversification, or maybe one could call it "sundrification," it is quite conceivable that within the next decade—or even sooner—wholesale distributors may very well have to shift their titles from "tobacco wholesalers" which will no longer correctly describe their function, to "universal consumer product" wholesalers. Just as you, whatever your historical identity, will ultimately be known as "universal consumer product" outlets.

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School of Pharmacy, U. of M., News ......

Student Branch American Pharmaceutical Association

The first speaker of the 1962-63 year was Nathan I. Gruz, Executive Secretary of the Maryland Pharmaceutical Association and Secretary of the Baltimore Metropolitan Pharmaceutical Association on September 25, 1962.

The speaker in October was Dr. John C. Krantz, Jr., Professor of Pharmacology, School of Medicine, University of Maryland, and in November Morris L. Cooper, Baltimore pharmacist, spoke on "Antique Mortars and Pestles." Mr. Cooper, inventor of the "Cooper Mortar" is well known for his award-winning window displays and his pharmaceutical antiques.

What Kind Of Pharmacy Do You Want?

By Nathan I. Gruz, Executive Secretary, Maryland Pharmaceutical Association

From a talk to the Student Branch, American Pharmaceutical Association, University of Maryland, School of Pharmacy, September 25, 1962.

There is no more gratifying part of my work as Secretary of the Maryland Pharmaceutical Association and Baltimore Metropolitan Pharmaceutical Association than the time spent with students of the School of Pharmacy. It is a stimulating and rewarding experience. Contact with young people means contact with fresh, new ideas—new approaches to the many problems pharmacy is confronting.

Are you pleased with pharmacy as you see it in the community?

No—you aren't. What can be done about it? What can *you* and *I together* do about it? I don't pretend to know all the answers. But, I hope I can indicate to you a few of the paths which *we* can proceed on *together* toward achieving the kind of profession we desire.

First, let each of us look to himself—to his own personal development. Are we devoting ourselves to acquiring and maintaining the professional knowledge essential to properly discharging our roles on the health team? Can we intelligently converse not only about the pharmaceutical aspects about drugs, but also about their pharmacological properties and therapeutic applications? Are we thoroughly familiar with the latest advances in biochemistry, enzyme chemistry, microbiology, psycho-pharmacology and other disciplines?

Second, are we devoting ourselves to broadening our horizons in the social sciences so that we may progress to a full understanding of the society of which we are an integral part? Do we study and read in the fields of sociology, psychology, economics, political science and foreign affairs?

Third, are we moving toward the goals of achieving our full and complete potential as human beings by equipping ourselves in the humanities, literature, music, art, history and philosophy?

Fourth, are we preparing ourselves for and participating in the life of the community, Are we concerned with the civic affairs of our locality, our state and our nation? Are we moved to take part in insuring the perpetuation of our democratic ideals, our civil liberties, our rights to fight against disease, crime, poverty, illiteracy, inadequate housing and other social ills?

Fifth, what kind of pharmacy do you want to see practiced? The kind of pharmacy we will have will be deter-

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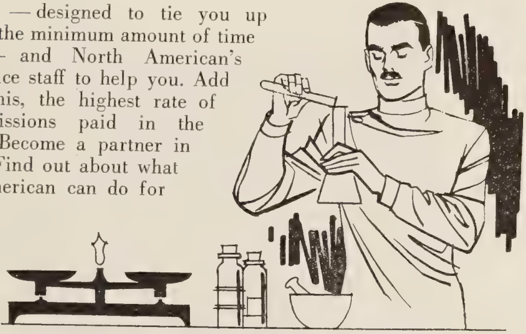

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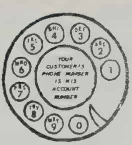
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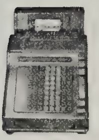

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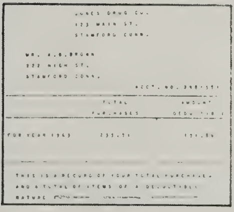

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mined by the kind of pharmacy you will choose to work in.

In other words, professional societies composed of dedicated individuals will obtain the goals they seek. This follows because these goals will have public support, for they will be always in the public interest as well as in the interest of the profession.

If we did all this, we would, of course, be ideal men. But if pharmacists are to expect acceptance as professional men in contemporary society, then certainly they must progress along these lines of personal growth and development toward realizing their full human potential.

These then are the areas of individual concern—each person year after year growing in stature as a person.

How about the profession of pharmacy?

The pharmacist who fully understands, accepts and commits himself to these personal guide lines inevitably and, perhaps intuitively, grasps the second essential key. His insight grasps the vital role of professional societies in personal and professional growth.

The Maryland Pharmaceutical Association is the state professional society of all pharmacists. A strong society, supported by every pharmacist, can secure the rightful recognition that a pharmacist is entitled to.

The Maryland Pharmaceutical Association and I personally stand ever ready to work with you and for you. You are more than welcome as students to call upon us. Upon graduation, you are invited to participate as full and active co-partners in our mutual goal—insuring professional pharmaceutical service for all our citizens.

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Drug Store Changes for October

New

Suburban Pharmacy, N. F. & H. Enterprises, Inc., Herbert O. Hansen, Pres., 6001 Marlboro Road, S. E., Washington 27, D. C.

Super Giant Professional Pharmacy, N. M. Cohen, Pres., (Barsam, Inc.), Mountain Road & Ritchie Highway, Glen Burnie, Maryland.

Super Giant Professional Pharmacy, N. M. Cohen, Pres., (Fredco, Inc.), 12051 Rockville Pike, Rockville, Maryland.

Stotler's Parkside Pharmacy, Inc., Robert P. Stotler, Pres., 927 National Highway, LaVale, Maryland.

Peoples Service Drug Stores, Inc., No. 228, R. D. Gibbs, Secty., Aspen Hill Shopping Center, 4020 Aspen Hill Road, Wheaton, Maryland.

Whiteford Pharmacy Inc., Thomas J. Suter, Pres., Whiteford, Maryland.

Fink's Drug Store No. 2, Francis T. Fink, Prop., 6023 Moravia Road, Baltimore 6, Maryland.

Closed

Plainfield Pharmacy, Stanley Goden, Prop., 7709 German Hill Road, Dundalk 22, Maryland.

Ideal Pharmacy, William Moshenberg, Prop., 2146 W. Lexington Street, Baltimore 23, Maryland.

Forest Pharmacy, Inc., Howard Paul, Pres., 3801 Liberty Heights Avenue, Baltimore 15, Maryland.

Victory Rexall Pharmacy, Carl C. Caplan, Prop., 142-144 Eastern Avenue, Essex 21, Maryland.

Change of Ownership

Wabash Pharmacy, William Moshenberg, Prop., 3741 Wabash Avenue, Baltimore 15, Maryland. Formerly: Emanuel Richman, Prop.

MacGillivray's Pharmacy, Inc. David Rombro, Pres., 900 N. Charles Street, Baltimore 1, Maryland. Formerly: Hyman Davidov, Pres.

Gilbert's Pharmacy, Donald Aronson Prop., 50 State Circle, Annapolis, Maryland. Formerly: A. B. Welch, Pres.

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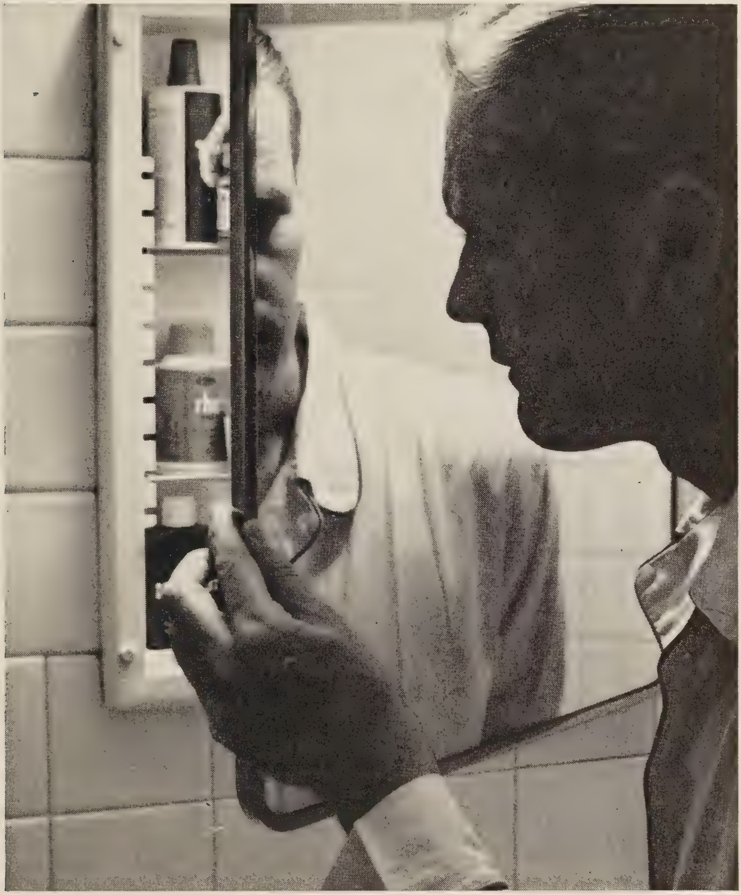

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Contributions . . . . . .

The Outlook for Professional Pharmacy

Robert L. Swain

The outlook for any profession is bright indeed if its services assure ever increasing benefits to the public.

While it is customary to define a profession in terms of the attitudes and basic points of view of its members, perhaps the truest measure of its value lies in the worth and character of its services. If there should be such a thing as a profession which confers no benefits upon the public, it would surely be a profession in name only, as it would be devoid of the very substance which gives worth and virility to a professional pursuit.

This generalization clearly shows that a calling which has no direct bearing upon civic progress, which has no valid relationship to the public welfare and which is insensitive to common good, has no valid claim to professional recognition.

The converse is equally true. A profession has a clear impact upon civic progress, has an active relationship to the public welfare, and is allied with the common good. When seen in this light, and when evaluated in terms of its contribution to human benefits, pharmacy well merits professional recognition and acclaim.

Within a decade or two, the character of drugs and medicines available to the medical profession has undergone momentous change.

As pharmaceutical research came into the hands of eminently qualified research scientists, the empirical era in therapeutics gave way to pharmaceutical products based upon scientific research. From this new approach have come drugs and medicines of superlative worth.

The sulfas, antibiotics, hormones, vitamins, tranquilizing drugs, and many others have been of such value in the care and treatment of disease that they have virtually revolutionized the practice of medicine.

It is a revealing truism that modern medicine depends upon modern medicines. But great as has been therapeutic progress, there is every indication that drugs of still higher curative value will be forthcoming from the great research laboratories of the drug industry and other scientific institutions.

The day of hit or miss product formulation has given way to those of definite, measurable therapeutic worth. Shot gun formulation is as outmoded as the shot gun prescription. Today's drugs are tailor made to meet diagnosed needs. They are really target products, geared to dealing with specific illness in a specific manner. The drug industry is a research motivated industry always reaching out for ever better drugs and medicine for meeting the challenge of modern medicine and forward looking health care.

At no time in the history of pharmacy has research devoted itself to such greater therapeutic control over disease. Indeed, there is the gratifying hope that many of the scourges which have ravaged mankind since ancient days will soon yield to medical science, a fact which in itself will give still greater value to drugs and medicines.

As newer and better drug products become available to the medical profession, they will bring still greater prestige to pharmacy, simply because these newer and better drug products will be tremendously more beneficial in the care and treatment of disease.

Pharmacy is certain to mean more to pharmacists in the way of professional compensations and satisfactions

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as its services rise to ever higher levels of public estimation and esteem. When seen in terms of its contributions to individual and public health, pharmacy must enjoy that appreciation and evaluation which go hand in hand with fundamental contributions to the public good.

The prescription department occupies a basic relationship to therapeutic progress, simply because the great achievements of our research scientists in the field of drugs and medicines become available to physicians and the public through the operation of the prescription department.

Indeed, this department has been characterized as the outpost of therapeutic advance as it is here that the newest and the best in the way of pharmaceutical products become available to the sick and ailing everywhere.

While these observations in themselves would seem sufficient to justify the assertion that the outlook of professional pharmacy is indeed bright, further assurance is found in the fundamental philosophy which underlies pharmaceutical education.

There can be no doubt that our edueducational leaders are alert not only to the immediate and future needs of the profession, but also that they are possessed of a sense of dedication which will ever seek the progressive improvement of pharmaceutical education. This will manifest itself in the utilization of improved teaching methods, adequacy of teaching facilities, and a far-sighted, highly useful college of pharmacy curriculum.

There can be no doubt that our educational leaders will see to it that the profession of pharmacy will continue to rest upon a completely sound educational structure, and that the whole organization of professional education will be devoted to an ever widening vista of professional opportunities.

The profession of pharmacy would do well to more closely merit its educational structure. It would gain in stature by identifying itself and retail pharmacy with the objectives of pharmaceutical education. It has much to gain by conforming to the outlook which constitutes the vital motivation of our colleges of pharmacy, as they dedicate themselves to preparing pharmacists for an active and rewarding place in medical and health care.

As long as our profession continues to render a service utterly indispensable to good medical care, and as long as therapeutic research makes available drugs and medicines of still greater curative values, and as long as our pharmaceutical educators remain determined to adhere to sound educational principles, there is every reason for real confidence that the future will see pharmacy rising to ever higher levels of public appreciation and that it will come to mean much more to us as members of the vitally important health care team.

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Hydrophilic Petrolatum

By B. F. Allen*

Absorption bases or hydrophilic petrolatums, sometimes referred to as water soluble petrolatums are extensively employed in the manufacture of various cosmetic and pharmaceutical preparations. The names absorption bases or water soluble petrolatums refers to their ability to absorb water or emulsify and not to their action when applied to the skin. There are, however, several references in the literature which indicate that preparations made with absorption bases have greater penetrating properties than when made with non-absorption bases.

A water-absorption type of ointment base is recognized in the U.S.P. under the title "Hydrophilic Petrolatum." Available for some time, the base has been well received by both clinicians and pharmacists. It is anhydrous but mixes with water or most aqueous solutions. The present formula contains the following ingredients: cholesterol, stearyl alcohol, white wax, and white petrolatum.

Formerly, the U.S.P. Hydrophilic Petrolatum composition was as follows: 1 Gm. cholesterol, 3 Gm. stearyl alcohol, 8 Gm. white wax, 15 Gm. *wool fat*, and 73 Gm. white petrolatum. The wool fat was evidently eliminated from the formula since one of the major objections to this substance is sensitization. This is a true allergic response and is seen usually after prolonged or repeated contact.

An interesting study of ointment bases including a tabulation of relative values of desirable criteria[a] to aid selection for dermatological medication has been reported. Also, in this suggested guide to physicians it was stated that no one base can be called "best" because the conditions to be treated can demand different combinations of criteria. However, it is noted in the published table that Hydrophilic petrolatum (U.S.P.) compared favorably with several similar highly publicized commercial bases of the absorption type.

One of the questions concerning ointments which has long been discussed professionally is the desirability for, and the rate of, absorption from the bases. A great deal of work has been done relative to the role of various bases in absorption through the skin. One report states the absorption of pyribenzamine hydrochloride was best from a vanishing cream, next best from a hydrophilic petrolatum type, and poorest from a water-soluble base.

Another investigation reports some percutaneous absorption of salicylic acid from hydrophilic petrolatum, U.S.P. containing water. However, in this same work it is stated that no significant absorption of sodium salicylate occurred from a similar base.

In the continued search to find the "ideal ointment base" a chick embryo technique for the evaluation of absorption of radioactive sodium iodide from ointment bases has been reported. The researchers figures indicate that absorption of sodium iodide was best from a water miscible or water soluble base but that there was very little difference between absorption from oleaginous and absorption bases such as petrolatum and hydrophilic petrolatum.

That an ointment should spread easily is important for patient acceptance of the product. The pharmacist considers an ointment base showing high resistance to spread a poor levigating agent because much of the work input is lost in overcoming the resistance of the base. One spreadability measurement test which was conducted indicated that of the absorption-type bases

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*Associated Professor of Pharmacy, University of Maryland.

[a] range of compatibility, cosmetic acceptability, chemical stability, temperature stability, spreadability, release of medication, primary irritation, range of therapeutic application, and sensitization.

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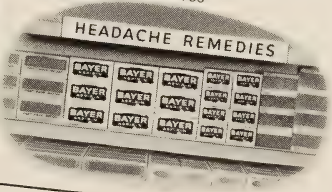
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examined, the most difficult to spread is the hydrophilic petrolatum, U.S.P.

It has been stated that patients going to a skin specialist require tailor-made prescriptions containing many different ingredients to reduce side effects and sensitivity. Therefore, a preparation like hydrophilic petrolatum is extremely useful since absorption bases generally have a high index of compatibility toward the majority of medicaments used topically. For example, the following ingredients and combinations have appeared on prescriptions[b] with hydrophilic petrolatum: Burow's solution; eserine alkaloid; ichthammol; starch; coal tar and polysorbate 80; pyrogallic and salicylic acids; podophyllum resin and castor oil; menthol and phenol; ammoniated mercury and salicylic acid; menthol and hexachlorophene; vitamins A and D; sodium chloride and glycerin; coal tar, Burow's solution, polysorbate 80, and zinc oxide paste.

This so-called U.S.P. Absorption Base (hydrophilic petrolatum) is probably adequate for use in absorbing the quantity of liquids normally occurring in conventional prescriptions, provided the correct procedure (fusion method) is utilized. Some experimental results indicate that the base is able to "absorb" a greater amount of water if first melted before the water is added than if the base is not melted. Also, the incorporation of water is much easier if the water is added to the melted base in small quantities rather than large quantities at a time. The base should be melted on a water bath since no higher temperature is necessary[c].

The Pharmacopeia states that the incorporation of water in hydrophilic petrolatum yields a semisolid emulsion, water-in-oil type. It is important to note that a rheological[d] study of this mixture indicates that stable emulsions could not be formed when the quantity of water exceeded 30-40 Gm. per 100 Gm. of hydrophilic petrolatum. The investigators found that pressure of a spatula on samples containing more than this quantity of water caused droplets of water to exude from the base. They also reported that the sense of touch indicated there was a loss of tackiness (stickiness) when water was added to this base.

The oil-soluble surfactants, cholesterol and stearyl alcohol, which are found in hydrophilic petrolatum, make it possible to incorporate water and thereby form the w/o emulsion. Stearyl alcohol is one of the saturated high monohydroxy alcohols which when added to petrolatum greatly increases the water number. This fatty alcohol also acts as a thickener and reduces the greasiness of the base. The inclusion of white wax and stearyl alcohol in the formula increases the heat stability of the preparation.

Ointment bases of the water-in-oil type (hydrophilic petrolatum and water) upon exposure to air lose a portion of the water that makes up the external phase. An alcohol mixture such as stearyl alcohol in combination with petrolatum changes the surface characteristics in such a way as to hinder evaporation of the water.

When the official hydrophilic petrolatum formula was changed from one per cent cholesterol and 15 per cent wool fat to 3 per cent cholesterol, the directions for preparation were also changed from the use of a water bath to that of a steam bath. This indicates the necessity for a high temperature in order to facilitate solution of the important ingredient cholesterol[e].

Practical experience with this formulation in our laboratories has shown that usually a long heating period is required in order to obtain a pharmaceutically suitable product. Also, the results of a recent evaluation of methods used in the preparation of fused ointment bases indicated that the lower melting constituents when liquefied did exert some solvent action on those with higher melting points.

---

[b] many contained water but not listed as an ingredient

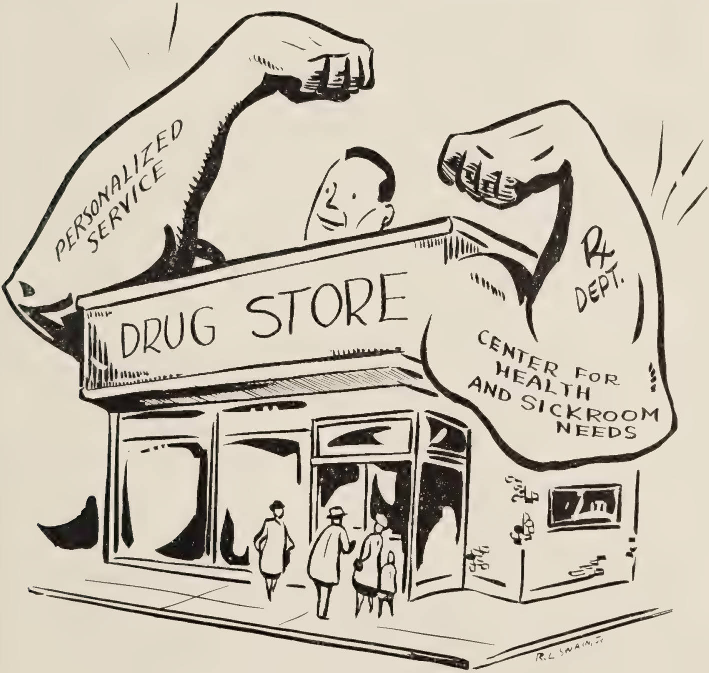
[c] this same procedure can be used with commercial ointment bases and the tendency of permanent injury to the base is lessened by use of the water bath.

[d] Rheology: science dealing with the deformation and flow of matter.

[e] cholesterol melts between 147° and 150° C.

The extemporaneous compounding of ointments containing some quantity of water (or other liquid) usually involves the use of absorption base. This is common pharmaceutical knowledge, but in order to demonstrate the usefulness of this particular base attention is called to Epinephrine Bitartrate Ophthalmic Ointment, U.S.P. In this official preparation, Hydrophilic Petrolatum is the base, allows for better dispersion of the water-soluble medicament, and evidently is not irritating to the eye.

Simple cosmetic-like preparations can be formulated with hydrophilic petrolatum which further exemplifies the versatility of this base. For example, it can be easily converted into a *Calamine Cream*—equal parts of hydrophilic petrolatum and calamine lotion; *Cooling Ointment*—15 ml. perfumed water and 25 Gm. base; *Scalp Ointment*—4 ml. resorcin monoacetate, 30 ml. castor oil and 66 Gm. base; *Astringent Cream*—1 Gm. zinc sulfate, 6 Gm. zinc oxide, 12 ml. mineral oil, 6 Gm. white beeswax, and 75 Gm. base.



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C. Wilson Spilker, Board Advisor
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Volume 21 NOVEMBER, 1962 No. 1

TAMPA Ladies Night

Ladies Night for TAMPA has always been a delightful occasion when members and their friends get together for a big evening with their ladies. This year TAMPA Ladies Night was held on Saturday, November 3rd at the Rolling Inn. The advance ticket sale was so poor that Sheeler Read lost ten pounds during the two week period preceding the big night. But brother when 136 congenial people showed up on the evening of the 3rd., in spite of threatening weather, Sheeler was so happy he couldn't eat. Jim Allen was happy too because he had worked hard planning the arrangements for this affair. It was a pleasant surprise all around.

The Maryland Pharmaceutical Association was well represented by a large contingent of druggists and their wives who helped to make the evening a most delightful one. This kind of support from our parent association is really appreciated by the officers and members of TAMPA. The evening was full of pleasant surprises. Vick Morgenroth flew in from San Francisco to be with us and Tom and Helen Kelly drove down from way up yonder to help make our party seem like old home week. The night was a big success. There were prizes galore and gifts for all the ladies present. If you weren't there you missed another good party.

The music and dancing were enjoyed by everyone present. Herman Bloom and His Orchestra furnished the music for this outstanding affair.

We wish to express our sincere thanks to the many manufacturers and suppliers who so generously contributed the prizes for the occasion.

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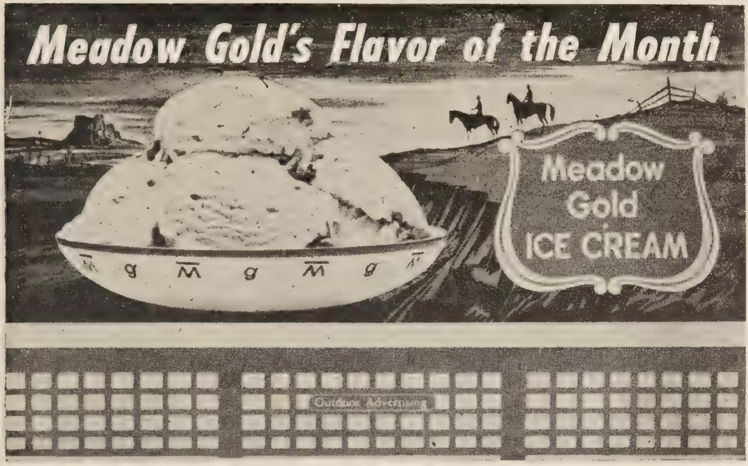
Nathan I. Gruz, Editor
Maryland Pharmacist
650 West Lombard Street
Baltimore 1, Maryland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PRESIDENT'S MESSAGE

BALTIMORE METROPOLITAN PHARMACEUTICAL ASSOCIATION

The Baltimore Metropolitan Pharmaceutical Association again presented an outstanding program in October with a meeting featuring Moe Weiss, Executive Secretary of the Consolidated Brooklyn Retail Pharmacists.

His theme of "LET'S FIGHT BACK TOGETHER!" is one that the B.M.P.A. is proud to adopt as a slogan. Moe Weiss explained the effective public relations program sponsored by the Brooklyn Association. He was amazed at what is accomplished by B.M.P.A. with its nominal dues of $10.00 a year, whereas in Brooklyn dues are $50.00 a year.

As a result, the B.M.P.A. Executive Committee recommended the adoption of $25.00 dues in order to provide funds for a public relations program in the interest of community pharmacists. As this message went to press, the B.M.P.A. at its November general meeting approved dues of $25.00 a year.

I feel confident that all our members will wholeheartedly support this decision. The Association cannot continue to spend more revenue than it takes in and, in addition, must have the funds for legislative and public relations programs. As the old saying goes, "For nothing, you get nothing".

If we work together and give our local and state association 100% support, we will have pharmacy organizations strong enough to stand on their own resources and do the job we all want done.

Cordially,

JEROME J. CERMAK
President

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LEFT TO RIGHT: TOP ROW—JAMES P. CRAGG, JR., CHAIRMAN; VICTOR H. MORGENROTH, JR., PRESIDENT; NATHAN I. GRUZ, SECRETARY. BOTTOM ROW—DR. J. MORRIS REESE, DR JOHN F. SCHAEFER, DR. EDGAR P. WILLIAMSON II.

Maryland Pharmaceutical Association Fall Regional Meeting

An interprofessional relations program was the feature of the Fall Regional meeting of the Maryland Pharmaceutical Association on October 18th at Peter Pan Inn, Urbana, Maryland. As a result of the efforts of the Pharmacy Liaison Committee of the state pharmaceutical and medical societies, better understanding has been developed between the two professions.

A panel of physicians representing the Medical Society consisting of: Doctors Edgar P. Williamson II, John F. Schaefer and J. Morris Reese discussed drug duplications, psychotropic drugs and general inter-professional relations. James P. Cragg, Jr. served as moderator of the panel. A lively question and answer period followed on mutual problems of pharmacists and physicians. The participating physicians called for more frequent meetings between the two professions and announced that representatives of the Maryland Pharmaceutical Association would be invited to take part for the first time in the program at the annual meeting of the State Medical Society in April.

The pharmacist members of this interprofessional committee are: James P. Cragg, Jr., Chairman; Alexander J. Ogrinz, Jr., Victor H. Morgenroth, Jr., President, Stephen J. Provenza, Francis S. Balassone and Nathan I. Gruz, Secretary.

Dr. J. H. Fitzgerald Dunning, president of Hyson, Westcott & Dunning, was elected a director of the Equitable Trust Company He is a trustee of the Johns Hopkins University and a member of the Maryland Pharmaceutical Association.

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Pumpian Addresses Narcotic Officers

Paul A. Pumpian, Secretary of the Wisconsin State Board of Pharmacy, addressed the members of the National Narcotic Enforcement Officers Association at their annual Conference in New York City the week of October 28.

Pumpian, who is charged with administering Wisconsin's Drug and Narcotic Laws, discussed legislation needed to deter the misuse of exempt narcotic preparations.

A member of the American Bar Association's Committee on Drug Laws and Chairman of the Committee on Legislation of the National Association of Boards of Pharmacy, Pumpian recently participated in the White House Conference on Narcotic and Drug Abuse.

Pumpian is a graduate of the University of Maryland School of Pharmacy (1950) and of the University's School of Law (1953). He was an Assistant Professor at the School of Pharmacy and Lecturer in Dental Jurisprudence at the University's School of Dentistry before leaving Baltimore in 1956 to become a Patent Attorney for E. R. Squibb & Sons in New Jersey. He became Secretary of the Wisconsin Board of Pharmacy on January 1, 1959.

New Noxzema Product Manager

The Noxzema Chemical Company, Baltimore, Maryland, has announced the promotion of J. Edward Fry to Product Manager, a newly created position. In his new capacity, Mr. Fry's responsibilities will include management and development of Noxzema's new products. He will work with Mr. William Hunt, Vice President, who heads the company's New Product Development Division.

Pharmacist Employment Service

The Maryland Pharmaceutical Association maintains a registry of pharmacists seeking employment and names of employers seeking pharmacists as a service to its members.

Both employers and pharmacists available for positions are urged to use the professional placement services of the Association office. Write or telephone SA 7-0746.

Joseph Portnoy, Ph.D., former Assistant Director of the Venereal Disease Research Laboratory, Communicable Disease Center, Atlanta, Georgia, has become Director of Immunological Research at Hynson, Westcott & Dunning, Inc., Baltimore 1, Maryland.

STATEMENT REQUIRED BY THE ACT OF AUGUST 24, 1912, AS AMENDED BY THE ACTS OF MARCH 3, 1933, JULY 2, 1946 AND JUNE 11, 1960 (74 STAT. 208) SHOWING THE OWNERSHIP, MANAGEMENT, AND CIRCULATION OF

MARYLAND PHARMACIST, published monthly, at Baltimore, Maryland for October 1, 1962.

1. The names and addresses of the publisher, editor, managing editor, and business managers are:

Publisher: Maryland Pharmaceutical Association, 650 W. Lombard Street, Baltimore 1, Maryland.
Editor: Nathan I. Gruz, 650 W. Lombard Street, Baltimore 1, Md.
Managing Editor: Nathan I Gruz, 650 W. Lombard Street, Baltimore 1, Md.
Business Manager: Nathan I. Gruz, 650 W. Lombard Street, Baltimore 1, Md.

2. The owner is: Maryland Pharmaceutical Association, 650 W. Lombard Street, Baltimore 1, Md.

3. The known bondholders, mortgagees, and other security holders owning or holding 1 percent or more of total amount of bonds, mortgages, or other securities are: None.

4. Paragraphs 2 and 3 include, in cases where the stockholder or security holder appears upon the books of the company as trustee or in any other fiduciary relation, the name of the person or corporation for whom such trustee is acting; also the statements in the two paragraphs show the affiant's full knowledge and belief as to the circumstances and conditions under which stockholders and security holders who do not appear upon the books of the company as trustees, hold stock and securities in a capacity other than that of a bona fide owner.

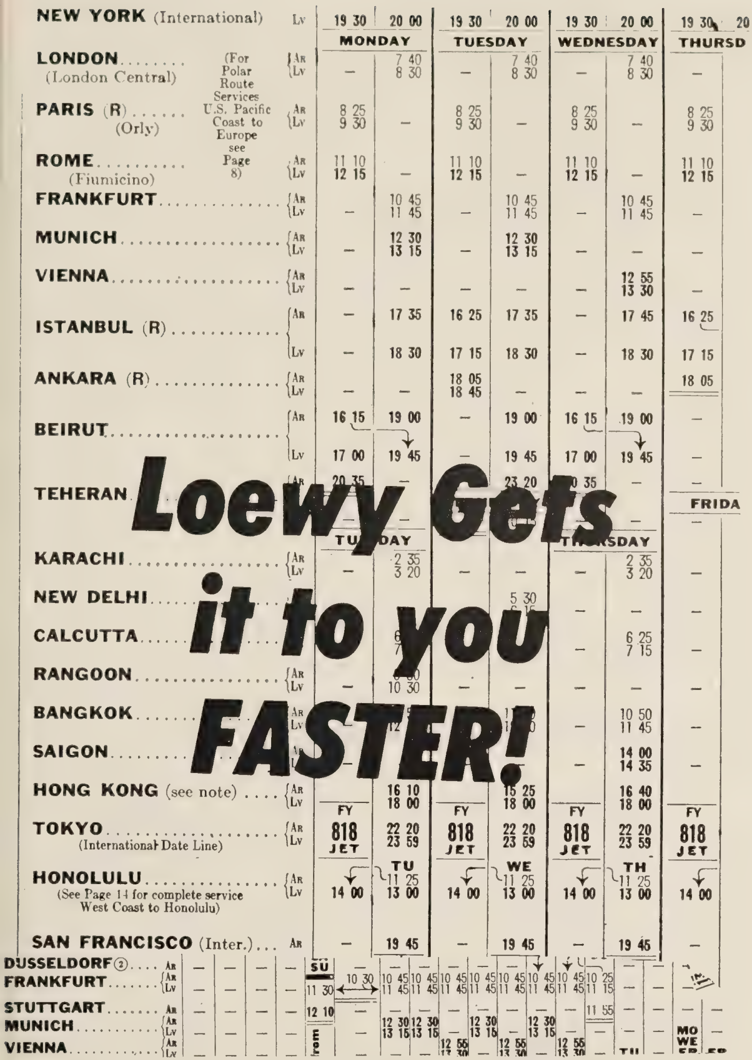
5. The average number of copies of each issue of this publication sold or distributed, through the mails or otherwise, to paid subscribers during the 12 months preceding the date shown above was: (The information is required by the act of June 11, 1960 to be included in all statements regardless of frequency of issue.) 1600

NATHAN I. GRUZ,
Editor

Sworn to and subscribed before me this 10th day of October, 1962.

DAISY E. GUE (sgd)

My commission expires May 6, 1963.



NEW YORK (International)	Lv	19 30	20 00	19 30	20 00	19 30	20 00	19 30
		MONDAY		**TUESDAY**		**WEDNESDAY**		**THURSD**
LONDON (London Central) (For Polar Route Services U.S. Pacific Coast to Europe see Page 8)	Ar Lv	—	7 40 8 30	—	7 40 8 30	—	7 40 8 30	—
PARIS (R) (Orly)	Ar Lv	8 25 9 30	—	8 25 9 30	—	8 25 9 30	—	8 25 9 30
ROME (Fiumicino)	Ar Lv	11 10 12 15	—	11 10 12 15	—	11 10 12 15	—	11 10 12 15
FRANKFURT	Ar Lv	—	10 45 11 45	—	10 45 11 45	—	10 45 11 45	—
MUNICH	Ar Lv	—	12 30 13 15	—	12 30 13 15	—	—	—
VIENNA	Ar Lv	—	—	—	—	—	12 55 13 30	—
ISTANBUL (R)	Ar Lv	— —	17 35 18 30	16 25 17 15	17 35 18 30	— —	17 45 18 30	16 25 17 15
ANKARA (R)	Ar Lv	—	—	18 05 18 45	—	—	—	18 05
BEIRUT	Ar Lv	16 15 17 00	19 00 19 45	— —	19 00 19 45	16 15 17 00	19 00 19 45	— —
TEHERAN	Ar Lv	20 35	—	[illegible]	23 20	[illegible]	—	—
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NEW DELHI		[illegible]	[illegible]	[illegible]	5 30	—	—	—
CALCUTTA		[illegible]	[illegible]	[illegible]	[illegible]	—	6 25 7 15	—
RANGOON	Ar Lv	—	[illegible] 10 30	—	—	—	—	—
BANGKOK	Ar Lv	[illegible]	[illegible]	[illegible]	[illegible]	—	10 50 11 45	—
SAIGON	Ar Lv	[illegible]	[illegible]	[illegible]	[illegible]	—	14 00 14 35	—
HONG KONG (see note)	Ar Lv		16 10 18 00		15 25 18 00		16 40 18 00	
TOKYO (International Date Line)	Ar Lv	FY 818 JET	22 20 23 59	FY 818 JET	22 20 23 59	FY 818 JET	22 20 23 59	FY 818 JET
HONOLULU (See Page 14 for complete service West Coast to Honolulu)	Ar Lv	14 00	TU 11 25 13 00	14 00	WE 11 25 13 00	14 00	TH 11 25 13 00	14 00
SAN FRANCISCO (Inter.)	Ar	—	19 45	—	19 45	—	19 45	—

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VIENNA Ar/Lv — — — — 12 55 13 30 12 55 13 30 12 55 13 30 TU

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In Memoriam

* * *

Edward Joseph Passaro, age 39, died on October 29, 1962 after a three month illness. He was a graduate of the University of Maryland School of Pharmacy in 1946 and a past president of Phi Delta Chi pharmaceutical fraternity.

A veteran of World War II, Mr. Passaro served in the European theater of operations, where he received a Purple Heart.

He operated Edwards and Anthony Pharmacy in Baltimore in partnership with Anthony G. Padussis.

Mr. Passaro was a member of Maryland Pharmaceutical Association and was a former vice-president of the Baltimore Metropolitan Pharmaceutical Association.

He is survived by his wife, Mary Litrenta Passaro; a daughter, Stephanie; two sons, Edward Jr., and Mark, and his mother, Mrs. Christina Passaro.

* * *

Lewis Dudley Miller, former president of Miller Drug Sundry Company, died on October 4, 1962.

* * *

Morris Harris of Baltimore, member of the Maryland and Baltimore Pharmaceutical Associations died on November 1, 1962 after a long illness. He was a member of the Class of 1930 of the University of Maryland School of Pharmacy and the Ar-Ex Club.

* * *

John Nelson Schuster, pharmacist of Belair Road. Baltimore, died on October 22, 1962. He was a member of the Maryland and Baltimore Pharmaceutical Association.

* * *

J. Hartley Johnson, 84, pharmacist of Ellicott City, Maryland, died on October 28, 1962.

S. Wilson Heaps, who conducted a pharmacy at Huntington and 27th Streets and later was a chemist for Standard Pharmaceutical Co., died on October 12, 1962.

* * *

Harry S. Schapiro, 69, Baltimore pharmacist, died in Chicago on Nov. 5, 1962. He operated pharmacies at Charles & Eager Streets, Liberty Heights Ave. and Hilton St., Woodhaven Ave. and Allendale Rd., Piedmont Ave. and Hilton St., Ellerslie Ave. and 36th St., Joppa & Harford Roads, and at Timonium and Four Corners in Jacksonville.

His survivors include his son, Oscar M. Schapiro, pharmacist, conducting the Jacksonville Pharmacy.

The Science Spy

A leading businessman warned today against "a new threat to our national security — research espionage." Fred Bartenstein, Jr., administrative vice president of Merck & Co., Inc., called for stronger criminal laws to protect the research findings and technical know-how of U. S. industry against "the science spy."

"The science spy is as new as penicillin and the transistor. He will look for the secrets of the nation's industrial strength," Mr. Bartenstein told the American Society for Industrial Security convention.

America's secret weapon in the struggle for world markets is industrial research, now running at the rate of $10 billion a year, Mr. Bartenstein said. "It is giving the world the products of the future, maintaining America's competitive edge abroad and protecting our high standard of wages and living at home," he stated.

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Jackson M. Nave has been named manager, Central America and Chile, for Eli Lilly International Corporation and will be headquartered in Indianapolis. Prior to his promotion, he had been manager of the San Jose District, with his headquarters in Guatemala City.

A registered pharmacist in Maryland, Mr. Nave joined the parent firm, Eli Lilly and Company, in 1955 as a salesman in Salisbury. In 1958 he was sent to Guatemala City as a salesman for Eli Lilly Pan American Corporation. He was promoted to district manager in 1960.

Born in Kennett Square, Pennsylvania, Mr. Nave was graduated from Cambridge (Md.) High School in 1945. In 1949 he received a Bachelor of Science degree in pharmacy from the University of Maryland.

Before joining Lilly, he was employed as a pharmacist in the Peninsula General Hospital in Salisbury.

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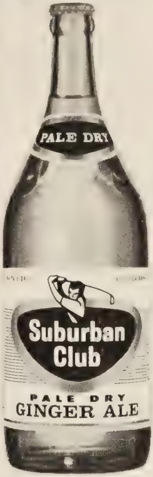

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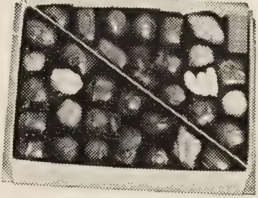

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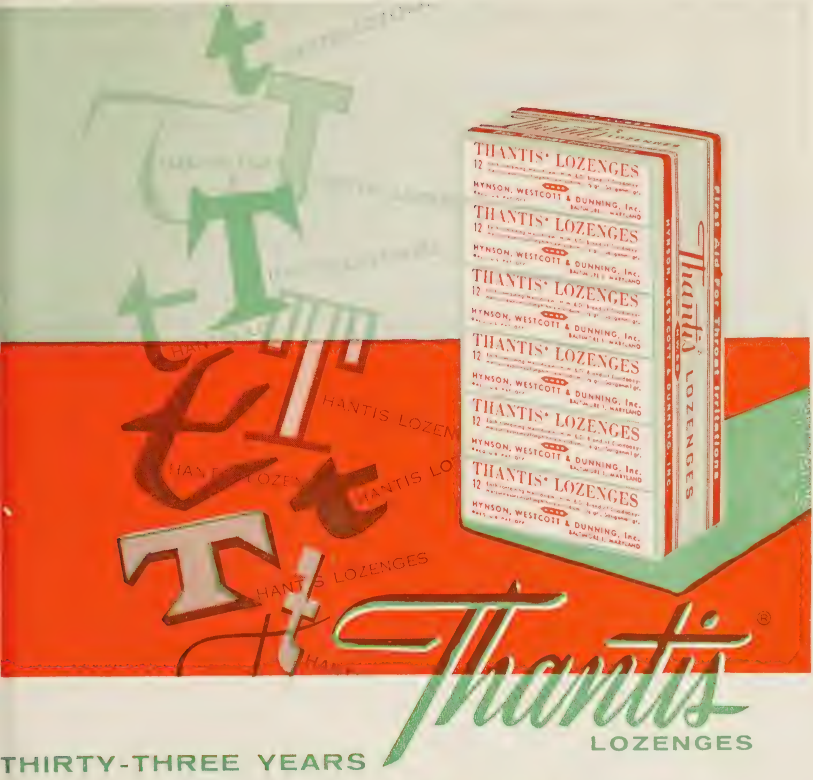
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The Maryland Pharmacist

— NATHAN I. GRUZ, Editor —

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Editorial . . . . . .

Government Mail Order Prescriptions

The Veterans Administration Hometown Pharmacy Program was enacted by Congress in 1946 to conveniently and promptly provide medication to veterans with service-connected disabilities. The purpose of this program as intended by Congress was as follows:

1. To permit the Veteran to have his prescriptions compounded by his local community pharmacist;
2. To prevent the Veteran from being inconvenienced by having to travel miles to a Veterans Administration installation for his medication;
3. To prevent the Veteran from having to mail his prescriptions to a Veterans Administration installation and wait several days for the medication; and
4. To provide the Veteran with freedom of choice of pharmacy so that he would not be treated as an indigent charity patient.

Since 1946 the V.A. has contracted with the Maryland Pharmaceutical Association (along with the other State Associations) for the Association to process these V. A. prescriptions and reimburse the community pharmacy. The Association office was involved in time-consuming checking of these prescriptions to assure compliance with V. A. regulations as to many details. This required both correspondence and many telephone calls which produced a smooth operation for the government, for pharmacists and, most important, for the V. A. patient.

As of January 1, 1963, the V. A. is eliminating the proven valuable assistance of the pharmaceutical associations and is requiring pharmacies to submit V.A. prescriptions directly to the V.A. What possibilities for heaps of red-tape to discourage both pharmacists and veterans!

Most important, the Veterans Administration has stepped up its campaign to both veterans and physicians to mail prescriptions directly to the V.A. Elsewhere in this issue are reproductions of letters mailed by V.A. Clinics to physicians. The V.A. pharmacy will then mail the veteran his prescriptions.

It is incredible that a system that has worked well for 16 years will be replaced by a method—**mail order prescriptions**—that has been condemned by physicians, pharmacists and governmental boards as undermining a proper physician-patient-pharmacist relationship.

Veterans are bound to suffer by the delays of mail order medication. There are already cases of veterans going to their community pharmacies for emergency supplies of drugs that had not yet arrived by mail.

In addition, veterans' medications are delayed by receiving letters from the V.A. pharmacy that they do not stock the required drug or that the drug is a narcotic which cannot be mailed.

In the meantime, the by-passed community pharmacy is expected to wait patiently for emergency prescriptions, for prescription drugs not stocked by V.A. pharmacies and for narcotic prescriptions.

These are obviously steps to the complete takeover of the Hometown Pharmacy Program by the Veterans Administration in an attempt to expand its scope of operations and its bureaucracy.

If you want to stop this competition to private pharmacies from the federal government and the evils of mail order pharmacy, write your Senators and Congressman. Let them know that the actions of the Veterans Administration are not in the best interests of the government, of free enterprise or, most important, of the veterans of this country.

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President's Message . . . . . .

Dear Fellow Members:

First I wish all of the members of our Association a most happy and prosperous 1963. However, let me caution you that in order for this to come true, we must all act in professional manner and, to paraphase an old cliche which was never truer than at this moment, "all for one and one for all." If this is done, I feel certain that 1963 will prove to be a most happy and prosperous year.

There are several things you should know of in capsule form and for which to make arrangements. First and foremost is the Dr. Robert L. Swain Seminar to be held this year on March 14, 1963. The program is developing in most excellent fashion under the very able leadership of the Chairman of the Committee, Henry G. Seidman.

Secondly, I must caution all of you that 1963 is the long session of the Legislature. Your Legislative Committee Chairman Jerry Mask, is ready and watchful but what he will need most is your continued help and support during the next 90 days, so if you are called upon please respond in the manner befitting good members.

In this message I think I should make mention of a matter which is causing some concern, which is the exchanging of prescriptions between stores. In a very short survey which was made it was found that a great many prescription copies called for were by people who were merely using any pharmacy as a convenience so that the ligitimate exchange of prescriptions *may* not be as imperative as some people would make it. From a purely professional standpoint, both in protecting the patient and the pharmacists, it is my suggestion that the exchange of prescriptions between stores be accomplished by mail so that there will be no possible chance for error in nomenclature, amount or directions. In this way, there can be no embarrassment caused to any party concerned.

In closing, again let me wish you nothing but the best for 1963.

Sincerely,
VICTOR H. MORGENROTH, JR.
President

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Secretary's Script . . .

A Message from the Executive Secretary

The editorial in this issue points out the evils and dangers of government sponsorship of mail order prescription practice in the Veterans "Hometown" Pharmacy Program.

Pharmacies filling V.A. prescriptions need not sign V.A. contracts to participate, but all V.A. prescriptions must be sent directly to the V.A. effective January 1, 1963. Although all pharmaceutical associations have been eliminated from processing V.A. prescriptions, I will continue to cooperate with the Veterans Administration and will do anything possible to assist pharmacists in their dealings with the V.A. At the request of the V.A.,I have already voluntarily assisted them in their new procedures so that no veteran will suffer or be inconvenienced by delay in obtaining needed medication.

I urge all pharmacists to contact me regarding **any difficulties** in connection with V.A. prescriptions. Everything possible will be done to assure pharmacists and veterans of essential, professional pharmaceutical service.

Do your part—explain this government MAIL-ORDER prescription plan to your doctors, the veterans, your congressmen and veterans organizations.

Remember, the government competes with you on the following **unfair** basis:

1. It can furnish medication at less cost;
2. The V.A. can refill veterans prescriptions—you cannot;
3. The V.A. can employ pharmacists who are not licensed to practice in Maryland; and
4. The V.A. may dispense substitute drugs—you cannot.

When Congress reconvenes, the National Conference of State Pharmaceutical Association Secretaries will continue the fight to eliminate mail order prescriptions. We intend to work to restore prescriptions to "hometown" pharmacies.

Sincerely,

Nathan I Gruz

Executive Secretary

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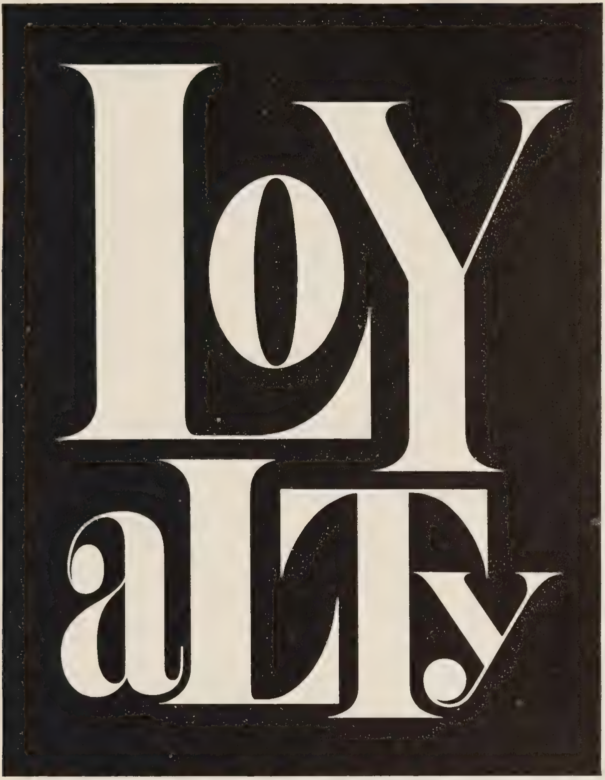

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BALTIMORE 1, MARYLAND

The Maryland Board of Pharmacy Met

The Maryland Board of Pharmacy met at the office of the secretary, 301 West Preston Street, Baltimore, on Tuesday, December 1-8, to canvass the grades made in the examinations conducted by the Board on November 12, 13, and 14, 1962. Registration was granted to the following:

Eugene R. Blau
Andre' T. Calas
David H. Cohen
George L. Dunson
Ronald B. Guttmann
Jeffrey O. Hirschorn
Stephen A. Katz
Michael H. Lowenthal
Richard S. McKenna
Harvey G. Miller
Dorothy M. Purnell
Milda I. Sermuksnis
Howard L. Shore
Gary L. Yingling

The following passed the theoretical examinations previously, and by virtue of having passed the practical pharmacy examination at this time, registration was granted to them:

Harmond H. Amernick
Larry L. Augusburger
Edward P. Becker
Arnold L. Blaustein
Lawrence H. Block
Ernest A. Boatman
Lawrence D. Cholden
Richard G. Clinger
Gabriel M. Contrino
Gilbert Duritz
Morton B. Farina
Stuart P. Feirstein
Ruth M. Flaherty
(Sister James Marie)
Stephen J. Gandel
John E. Grubb
Louis Gubinsky
Sydney H. Hamet
Marcella A. Hannon
(Sister Mary Edward)
Gordon M. Harrison
Ann E. Henretty
(Sister Mary Arthur)
Paul A. M. Jablon
Joseph A. Jimenez
Bennett R. Kantorow
Robert R. Kantorski
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Jerold A. Kempler
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Stephen L. Lauer
Phillip W. Legg
Kelvin R. Levitt
Thomas E. Luby
Walter P. Mackay
Frank J. Mackowiak
Ronald F. Maggitti
Joseph A. Martino
Matthew J. Nevins, Jr.
Robert M. Plummer
Allan S. Pristoop
Leon Rosen
Sol Rosenstein
Edward B. Roth
Irwin L. Samson
Charles A. Sandler
Donald A. Schumer
David Y. Serpick
Dennis B. Smith
John B. Smyth
Theodore J. Sophocleus
Henry Sugarman
Mary J. Tague
(Sister John Elizabeth)

Nancy L. Taylor
Herbert C. Wagner
Richard A. Wankel
Donald W. Wolff
James Zambello
Robert B. Zaretsky

Drug Store Changes for November

New

Freedom Drugs, Helros, Inc., Abraham S. Berman, Pres., 3706 Northern Parkway Baltimore 6, Maryland.

Alfred M. Lawson & Fred G. Sullivan, Lawson & Sons, 3415 Hamilton Street, Hyattsville, Maryland.

Peoples Service Drug Stores, Inc., No. 227, Prospect Shopping Center, Frederick, Maryland.

E. J. Korvette, Inc., William Willensky, Pres., Governor Plaza & Ritchie Highway, Glen Burnie Maryland.

E. J. Korvette, Inc., William Willensky, Pres., Joppa Road and Perring Parkway, Towson 4, Maryland.

Change of Ownership

Carville's Colonial Pharmacy, Inc., Allan I. Cohen, Pres., 251 West Street, Annapolis Maryland; Formerly: Carville's Pharmacy, Carville B. Hopkins, Prop.

For December:

Change of Ownership

Adams Drug Store, Miriam R. Highkin, Pres., 1401 Edmondson Avenue, Baltimore 23, Maryland. Formerly: Gordon's Pharmacy, Samuel Gordon, Prop.

Tower Pharmacy, Harry E. Macks, 9101 Liberty Road, Randallstown, Maryland, Maryland. Formerly: Tower Pharmacy, Louis Rose, Prop.

Closed

Uptown Pharmacy, Alexander Ogurick, Prop., 4800 Park Heights Avenue, Baltimore 15, Maryland.

Schulte's Pharmacy, Ralph Engel, Prop., 685 Washington Boulevard, Baltimore 30, Maryland.

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School of Pharmacy, U. of M., News ......

University of Maryland Baltimore Campus Expanding Rapidly

Slums are vanishing before your eyes around the edges of the Baltimore campus of the University of Maryland. Buildings that lined the north side of Pratt Street east of Penn are already gone. On Lombard in the same block, boarded-up row houses are rapidly being clawed apart.

Here, in the four-acre University of Maryland Project I, the Baltimore Urban Renewal and Housing Authority is clearing way for a gymnasium that the university will build sometime in the future. As soon as the site is cleared and turned over to the university, grounds will be landscaped, tennis and handball courts prepared, and parking lots constructed.

BURHA is still acquiring properties in the nine-acre Project II at the north edge of the campus, although buildings acquired earlier are already being demolished. Cleared areas in this project will ultimately provide sites for a new hospital building, new law and dental buildings, and quarters for house officers and graduate students. Adequate off-street parking will also be included, according to Urban Renewal regulations.

Project II acreage also includes properties that the university acquired in 1959 by purchase from the Hecht Company.

Renovation

Renovation of the former department store building facing Redwood, Baltimore, and Arch Streets will be finished next May. This building, which will be completely changed, inside and out, has been renamed John Eager Howard Hall. Across the street, at the corner of Redwood and Penn, the former store's 335-car parking garage, now University Garage, is doing something to ease the campus's acute parking shortage.

Next door to the garage, a former service building has been remodeled; one floor of this building; renamed Redwood Hall, is being used temporarily by the university's new School of Social Work and the other three floors are being used to store campus supplies.

When it is completed, the new six-story Howard Hall will provide about 306,150 square feet of floor space. Remodeling will cost about $2.1 million and fixed equipment another half-million. State bond funds will provide $1.5 million and federal funds about $1.1 million.

First to move into the building will be the medical school's basic science departments (biochemistry, biophysics, microbiology, pathology, pharmacology, physiology), which will occupy three and a half floors. These departments are now scattered throughout the campus in crowded and outdated quarters in the old Medical Technology Building and Gray Laboratory, as well as the newer Bressler Research Building (built in 1940), where the space to be freed is badly needed for expansion of other medical research.

Laboratories for the medical school's new International Center for Medical Research and Training, founded in 1960 to train medical researchers here and abroad and to conduct research in international health problems, will be located on the fifth floor of Howard Hall.

The added space there will also permit permanent allocation of individual laboratory areas to all students studying basic sciences, undergraduates as well as graduates. And eventually, Howard Hall will provide space for several central administrative offices on the Baltimore campus.

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Renovation is continuous in University Hospital, built in 1934, and in the connecting Psychiatric Institute, added in 1953 with a junctional wing to the main hospital.

A new 14-bed in-patient unit for child psychiatric patients has been in operation for a year. The nation's most powerful betatron to be used for anticancer treatment will be installed early in 1963, as one treatment unit in a newly remodeled radiation wing due to be completed next fall. This week the first patients were accepted in a new ten-bed clinical research unit for fundamental studies of disease in man.

Other modernization includes adaptation of the ninth floor in the hospital for neurological patients, who require intensive care; expansion of the newborn nursery on the sixth floor, the physical therapy department on the eighth, and the kitchen and cafeteria on the basement and first floor; modernization of all ten operating rooms on the seventh floor; conversion of the twelfth floor from house staff quarters to a 53-bed unit for patient care; and the addition of an elevator.

New Buildings

Four new university buildings on Lombard Street, all built within the past five years, have done much to improve the campus: Dunning Hall, the pharmacy school building; Whitehurst Hall, the nursing school building; the Baltimore Union; and the two-year-old Health Sciences Library, across the street from 150-year-old Davidge Hall.

Next door to the new Baltimore Union, the original University Hospital, parts of it built in 1823, still serves as the outpatient department in spite of its deteriorated condition. Plans call for its being replaced by an eight-story building which will also provide 100 additional patient beds.

Ultimately, a 13-story building is contemplated to meet needs for more outpatient services and more hospital beds. Long range plans contemplate about 1200 beds to meet growing demands of the city and state.

The medical school must expand its training to fill the urgent need for more physicians; in 1962 the freshman class was enlarged from 100 to 128. Expanded hospital services, besides meeting essential community needs, will also provide clinical experience for more medical students.

When the present outpatient building is razed the Baltimore Union will be enlarged on this site to triple its present housing capacity of 195.

In May or June, ground will be broken near the corner of Paca and Fayette Streets for a new law building to replace the present one, built in 1931. Plans call for about 72,000 square feet of floor space and an initial library stack space for 80,000 volumes. Provision will be made for floors to be added as enrollment grows. When the new law building is occupied the present building will be turned over to the School of Social Work.

Dental School enrollment is also growing and plans are being drawn up this year for a new dental building to provide for new research facilities, new special clinical areas for graduate and post-graduate studies, larger laboratories for the basic sciences, and a training school for dental hygienists and other auxiliary personnel.

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—Report in *Journal of South Carolina Medical Association*, February 1962.

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by B. F. Allen*

In recent years, many formulas have been proposed utilizing wool fat and its derivatives and modifications in order to produce an absorption base with petrolatum.

Wool fat, often incorrectly referred to in trade literature as lanolin, has long been used in this type of preparation due to its properties of water absorption and stability. Also, this substance is classified chemically as a wax, being a complex mixture of esters and poly-esters of 33 high molecular weight alcohols and 36 fatty acids.

Although one of the major objections to the use of wool fat in dermatologicals is sensitization, it is still an important and extremely useful constituent in many hydrophilic petrolatum type bases.

Also, it has been noted that lanolin is listed as an ingredient in several recently advertised commercial products (New Formula "Matey," Desitin HC Ointment w/Hydrocortisone, Sporostacin Lotion, Ultra Hair Dressing, Lipcolor Plus, Balnetar, Neo-Polycin Ophthalmic Ointment) which is an indication that there must be some merit in using it in preference to just a component such as cholesterol.

As a point of information, it is probable that some of the aforementioned commercial products may contain so-called super and luxury brands of lanolin and closely related materials which the manufacturers claim retain the beneficial properties without the oder, color, tackiness, and other undesirable properties of regular lanolin.

It has been stated that many of the "new" lanolin-like substances will enhance and improve the cosmetic elegance and feel of any formulation. There are also custom made lanolin derivatives exclusively designed for specific "customer" requirements.

Several investigations closely related to this topic have utilized non-sensitizing fractions and derivatives of wool fat as a major component in order to formulate a base which would possess a high degree of pharmaceutical elegance and be compatible with a great majority of ingredients commonly incorporated in dermatologicals. Another reason for these investigations was to increase the water number or water absorption property of the base without loss of ointment consistency.

In one investigation, a series of modifications of hydrophilic petrolatum USP were prepared into which varying percentages of a liquid lanolin were incorporated. This liquid preparation, Lantrol (Malmstrom Chem. Corp.), retains all the desirable properties of lanolin but differs from lanolin in that the higher fatty esters of wool fat have been separated from the liquid esters.

The water absorptive ability of these products was then determined in the following manner: A 5-Gm. sample of the ointment was placed on an ointment slab and distilled water added to it from a 5-ml. buret graduated in 0.01 ml. Distilled water was added slowly and worked into the ointment with a spatula until water was no longer absorbed.

In this procedure, the absorption of water by the official hydrophilic petrolatum was reported as 67 per cent, and upon the incorporation of 3 per cent Lantrol, it increased to 101 per cent.

Developments in processing techniques have made possible the commercial production of wool fat-like materials containing a very high per cent of cholesterol. These materials are usually called lanolin alcohols and have been used as a starting point in the manufacture of cosmetic absorption bases and, to some extent, as a source for cholesterol in the synthesis of steroid hormones. The following are two examples: *Ceralan* (Robinson Wagner Co., Inc.)—30 per cent cholesterol, and *Super Hartolan* (Croda, Inc.)—30 to 35 per cent cholesterol.

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*Associate Professor of Pharmacy, University of Maryland.

In view of the fact that wool fat is still generally accepted as an extremely valuable and useful material for medicinal purposes because of its value as a softening, lubricating, adhesive, etc., properties, it appeared feasible that similar materials would be of utility when formulated into a hydrophilic petrolatum.

In our laboratories, two experimental formulas[a] similar to USP hydrophilic petrolatum have been prepared in which the cholesterol has been replaced completely with either Ceralan or Super Hartolan.

The water absorptive ability of these two special ointment bases was then determined in the following manner: 800-Gm. base was stirred mechanically (Day Paint Mixer) and distilled water added slowly. The "end point" of the addition of water was the first appearance of "sweating" of the ointment vehicle.

In this experiment, the approximate absorption of water was as follows: USP base, 543 Gm.; Ceralan base, 588 Gm.; and Super-Hartolan base, 702 Gm.

The lanolin alcohols (also known as wool wax alcohols) can advantageously replace lanolin in a large number of cosmetic preparations, the product having the advantage of less odor, less drag and stickiness, and having a better color. These advantages, of course, apply equally to pharmaceutical ointments.

The attractive lanolin alcohols (Ceralan and Super-Hartolan) used in the aforementioned experiment appear to retain all the dermatological aspects desired in this type of formulation. In addition, as was noted, there was a slight improvement in the water absorption ratio. Also, these two experimental formulations can be easily compounded by a pharmacist and because of the materials used they are less expensive.

An interesting observation was reported by the investigators of Lantrol ointment bases. Those bases which were able to absorb water in high concentrations liberated a local anesthetic in 9 to 10 minutes after the ointment was applied to the skin. It would therefore seem advantageous to incorporate Lantrol into ointment bases where a more rapid effect of the medication is desired.

A group of researchers made a series of ointments based on Hydrophilic Petrolatum, U.S.P. and Hydrophilic Ointment, U.S.P. by incorporating various concentrations of Lantrol, G-11, and antibiotics. The antiseptic properties of these ointments were tested by measuring the width of the zones of inhibition on agar plates seeded with Staphylococcus aureus. Bacterial inhibition was particular evident with G-11 and oxytetracycline. G-11 produced consistently larger zones of inhibition in hydrophilic petrolatum bases than in hydrophilic ointment bases.

In general, the concept now seems to be that liquid and soft fats should be used when the ointment is to be rubbed into the skin glands, that protection and prolonged contact may be obtained by the use of the harder and more adhesive materials such as wool fat and petrolatum mixtures, and that water-miscible bases may be best when the ointment is applied to a denuded surface.

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[a] Composition:

Lanolin alcohol	3.
Stearyl alcohol	3.
White wax	8.
White petrolatum	86.

In our laboratory study the melting point of the USP preparation was 41°C., and the Ceralan and Super-Hartolan preparations 37°C. Also, a consistency study[b] indicated that the latter two formulations were somewhat softer than the official hydrophilic petrolatum, both in the anhydrous and hydrated condition.

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[b] Similar to procedure described in U.S.P. XVI, page 519

Note: for additional information on absorption bases and hydrophilic petrolatum see This Journal, Vol. 37, page 888, (1962), and Vol. 38, page 278, (1962).

History of Muth Brothers & Company

By Joseph Muth*

The present wholesale drug firm of Muth Brothers and Company reaches back for its beginning to 1837 when the Popplein family was in the wholesale drug business on Liberty Street. A number of changes occurred during the early years. In 1846 the firm became Popplein, Orrick and Thomsen; three years later in 1849 it was Popplein & Thomsen; and in 1856 Thomsen, Woods & Block. After two years in 1858 it was Thomsen & Block; by 1871 it was known as Thomsen, Lilly & Co., who were succeeded in 1876 by Thomsen & Muth.

Following the dissolution of the firm of Thomsen & Muth in 1884, John P. Muth, together with his brothers, M. Joseph Muth and George L. Muth, formed a copartnership under the firm name of Muth Brothers & Company and established themselves at 15 East Fayette Street.

Upon the death of John P. Muth, his brothers continued the business alone until the death of M. Joseph Muth in 1898, at which time George L. Muth associated with his two nephews, John C. Muth and John S. Muth.

Just six years later in 1904 their building was completely destroyed in the great Baltimore Fire, and for a year the business was carried on in a temporary location until the completion of their present building at 23 and 25 South Charles Street.

George L. Muth died in 1908 and John S. Muth died in 1918. The firm then became John C. Muth, George G. Muth, Charles P. Muth, Edward S. Muth and William H. Muth, all the members being sons of former partners. It so continued until the death of George G. Muth in 1921. Then the business was conducted by the following partners—John C. Muth, Charles P. Muth, Edward S. Muth and William H. Muth under the same firm name.

John C. Muth died in March 1937 and William H. Muth died in July 1938, leaving Charles P. Muth and Edward S. Muth the surviving partners. On May 23, 1962 Edward S. Muth died. At that time the firm became Charles P. Muth, Leo C. Muth, Philip J. Muth and Edward S. Muth, Jr. Less than one year later on April 25, 1953 Charles P. Muth died. This left the three partners Leo C. Muth, Philip J. Muth and Edward S. Muth, Jr., who at the present time directs the successful operation of this important Baltimore business.

The function of this business is the distribution of a wide variety of drugs, chemicals and sundries to drug stores, hospitals and institutions in five states and the District of Columbia. Present day activities are quite different from the early days of the corner apothecary, when drugs were bought in bulk and weighed out or compounded by the corner druggist. Today in the era of so-called miracle drugs, this firm specializes in the distribution of the most modern and up-to-date pharmaceuticals, drugs and biologicals produced by all the major manufacturers.

The firm now has approximately eighty employees. It has kept a prominent position in the drug industry during the years and has supplied large quantities of pharmaceuticals, chemicals and biologicals to the armed forces during the various wars and emergencies that existed during its history.

---

*Sales Manager of Muth Brothers & Co., member of Maryland Pharmaceutical Association, of T.A.M.P.A., and of the Alumni Association of the School of Pharmacy.

* * *

NOTE—Members of the firm of Muth Brothers & Co. have been active in pharmaceutical organizations. Mr. J. J. Thomsen was the first president of the Maryland Pharmaceutical Association when it was organized in 1882. In 1883 there were seventy-three members of the Maryland Pharmaceutical Association and George L. Muth, John P. Muth and M. Joseph Muth were numbered among these members.

There is a widespread belief that the therapeutic efficacy of a pharmaceutical product can be determined merely by carrying out the applicable USP assay for the drug content. But this is not necessarily true. Almost all pharmaceutical products contain ingredients other than the active drug, and the manufacture of these products involves a series of operations—mixing, compressing, coating, heating, filtering. Any of these operations, if improperly controlled, can significantly affect the therapeutic performance of the material without the assay showing any deviation in the contents of the drug.

Journal of the Iowa Medical Society, December, 1961

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WHAT DOES THIS COST YOU . . . NOTHING . . . not one penny for equipment, lease, or hidden charges. All you do is purchase a minimum of sandwiches each week. Your Stewart In-Fra-Red Commissary furnishes you with the attractive Stewart In-Fra-Red Cookery and delivers fresh sandwiches of choice ingredients made with the complete approval of your Board of Health. Attractive menu signs also furnished.

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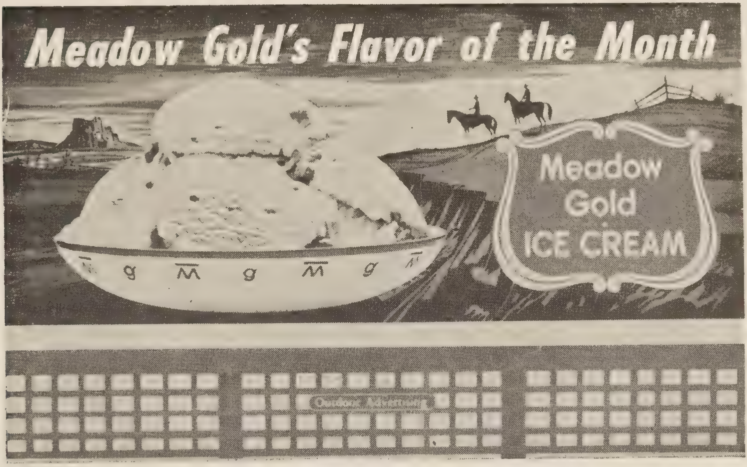
CEnter 3-9110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Volume 21 DECEMBER, 1962 No. 2

T.A.M.P.A. Xmas Party

The annual Xmas Party sponsored by T.A.M.P.A. for underprivileged children was held December — 1962 at the Kelly Memorial Building.

Fifty children from the non-sectarian McKim Center were entertained and served a snack and refreshments. Jack Albert acted as Santa Claus.

Joe Muth cancelled all engagements to serve as Master of Ceremonies.

Proceeds from the party will also be used by Jim Allen, our 1st VEEP, for the children at the Rosewood Training School.

President Sheeler Read and his officers send a sleighful of thanks to the

1. 28 Members who were in attendance.
2. The 30 members who were unable to attend but sent in contributions.
3. The Program Chairman—Don Steiner
   The Welfare Chairman—Lou Rockman
   The Attendance Chairman—Larry Rorapaugh
4. And Two Loads of Thanks to those companies who donated their products and employees to help make this a Xmas the McKim youngsters will long remember. The T.A.M.P.A. Oldsters won't find it easy to forget either.

* * *

Otts Shay still in the hospital. Otts is on the mend. SEND CARDS.

T.A.M.P.A. Christmas Party a Success

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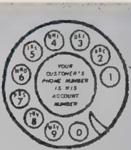
Your customer's phone number becomes his account number.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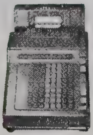

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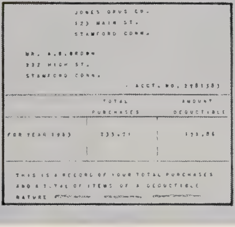

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FOR YEAR [illegible]	[illegible]	[illegible]

THIS IS A RECORD OF YOUR TOTAL PURCHASES AND A TOTAL OF ITEMS OF A DEDUCTIBLE NATURE

—on or before the 15th of February following the tax year, a proof-of-purchase statement (as required by Internal Revenue) direct from **DrugTax**, in the name of your store, listing the amount of tax deductible purchases for income tax purposes.

Baltimore Metropolitan Pharmaceutical Association

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FRANCIS S. BALASSONE, Ex-Officio

President's Message

Baltimore Metropolitan Pharmaceutical Association

In this last message as president, I look back on a year that has been full of challenge to all pharmacists.

We have seen many developments disturbing to pharmacists in the greater Baltimore area. In the matter of deterioration of Fair Trade, can we say that all proprietors of pharmacies did everything to further Fair Trade? Do pharmacists give all out support to manufacturers and distributors who vigorously support Fair Trade?

Did every pharmacist go all out to help pass a National Quality Stabilization Bill? Did everyone write or wire his senators and congressman? Did *you* attend the Fair Trade Rally?

All of us in Maryland are near Washington. Did we all go to the hearings in Washington or visit our legislators to indicate how vital this legislation was to our economic survival?

ACTION is what counts!

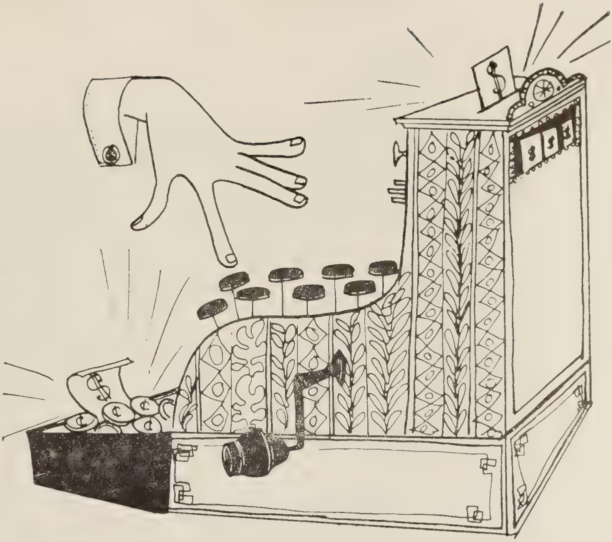
ACT when *your* association calls upon you! Support your pharmaceutical associations. Get *one* other pharmacist to join your local, state and national organizations. Attend pharmacy meetings and conventions. Participate in health, civic and community affairs. Talk up the vital services of the community pharmacist to every patron of your pharmacy and to every leader in the community.

If *you* don't stand together with your fellow pharmacists to make your voice and actions strong, who will?

It has been an honor to serve as president. I hope to continue serving pharmacy in any way I can. I am confident that if we truly contribute to our common cause, and sacrifice if need be, we will make real progress toward our goals.

Sincerely,
JEROME J. CERMAK
President

THE TILL TELLS THE TALE!



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NEWS ITEMS . . . . . .

Diabetes Detection Center Exhibit

MARYLAND PHARMACEUTICAL ASSN.
79 YEARS of PHARMACEUTICAL PROFESSIONAL SERVICE
DIABETES
BUY YOUR DIABETIC SUPPLIES AND ACCESSORIES from your NEIGHBORHOOD PHARMACIST

The Maryland Pharmaceutical Association and Baltimore Metropolitan Pharmaceutical Association sponsored a professional and public relations exhibit at the Diabetes Detection Center in Baltimore at the Fifth Regiment Armory, November 12, 13, 14th. Above are Stephen J. Provenza (left), Chairman of the Professional Relations Committee and Victor H. Morgenroth, Jr., President.

Physicians Condemn Mail Order Prescriptions

As the result of efforts of the Pharmacy Liaison Sub-committee of the Medical and Chirurgical Faculty of Maryland, the House of Delegates of the Faculty, at its fall meeting, adopted the following Resolution:

"The following recommendation of the Liaison Committee was adopted:

> "That the practice of mail order prescriptions be condemned, as this method of handling vital prescription matters would seem sharply at variance with the detailed personal professional care so essential to the safe distribution of prescription drugs."

The Pharmacy Liaison Sub-committee consists of:

Walter A. Anderson, M.D.
Harry L. Knipp, M.D.
James P. Craig, Jr.
Stephen J. Provenza
Alexander J. Ogrinz
Ex-officio:
F. S. Balassone
Nathan I. Gruz
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Glen Burnie, Maryland
Phone: 766-5802

National Express
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President Victor H. Morgenroth, Jr. participated in a seminar panel discussion, "CHANGE AND EFFECT," before two audiences of the California Pharmaceutical Association. The first was in Los Angeles on October 31st and the second in San Francisco on November 2nd. His topic was "WHY DOES THE PUBLIC THINK OF US AS THEY DO?".

Other Panelists and their topics were: Raymond A. Gosselin, President, R. A. Gosselin and Co., Inc. (Marketing Research), Dedham, Mass.—"TO BE OR NOT TO BE: RESTRICTIVE"; Dan Rennick, Editor, "American Druggist," New York City—"THE BATTLE FOR PRESCRPTIONS"; Elmon L. Cataline, Dean, College of Pharmacy, University of New Mexico—"PHARMACEUTICAL CONSULTANT: FACT OR FICTION?".

The moderator was Edward F. Keating, Manager, Trade Relations, Merck Sharp & Dohme, whose firm made the program possible through a grant.

3rd Annual Dr. Robert L. Swain Pharmacy Seminar

Thursday, March 14, 1963

Plan now to attend the Third Annual Dr. Robert L. Swain Pharmacy Seminar on Thursday, March 14, 1963 at the Health Sciences Library Auditorium.

Henry G. Seidman, Seminar Committee Chairman, has announced that prominent authorities will discuss the following subjects: Changes in the Federal Food, Drug and Cosmetic Act; Blood Dyscrasias and Other Side Effects of Drugs; Pharmaceutical Ethics; and Timed Disintegration Medication.

Full details will be announced in the near future.

Be an informed pharmacist—reserve March 14th for this important event in the Maryland pharmacy calendar.

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Manresa Drug Industry Group To Make Annual Retreat

On the week-end of February 8th to 10th, 1963, the Manresa Drug Industry Group will make their annual retreat. This retreat is conducted by the Jesuit Fathers. The retreat house is located on the Severn River, just across the water from the Naval Academy The peace and quiet completely lend themselves to the tranquillity of this most enjoyable week-end.

Last year approximately thirty five men from the Drug Industry made this retreat. Among those present were pharmacists, many representatives from the wholesalers, a group from the detail men, manufacturers representatives from New Jersey, Philadelphia, Washington and, of course, Baltimore. Also invited to attend are the medical profession.

This year we are making reservations for an even larger number. Make your plans *now*, to enjoy this relaxing, peaceful week-end. If you've ever wanted to just "get away from it all", then this is what you need. Let this be an open invitation to all.

At Manresa every man has his own private room. The meals are absolutely the best. The arrival time is 6:30 P.M. Friday and the departure time is 4 P.M. Sunday. Just ask any man who has ever been to Manresa and he will tell you he has never had a more pleasant or profitable week-end.

To make reservations or obtain further information, contact any of the following committee men.

JOSEPH J. HUGG, CoCaptain, ID 3-1587.

JOSEPH L. MUTH, CoCaptain, ID 5-3668.

Phil Lazaroni, Chairman, (Detail Men's Group).

John Ayd, Chairman, (Pharmacists Group).

Jack Albert, Chairman, (Salesmens Group).

Bernie Appel, Chairman, (Wholesalers Group).

Thomas J. Kelly, Chairman, (New Jersey Group).

Bernard Rafferty, Chairman, (Philadelphia Group).

John MaGee, Chairman, (Washington Group).

Victor H. Morgenroth, Chairman, (Physicians & Dentists Group).

U.S. Time Files Suit Against Six Pennsylvania Retailers To Protect Timex Fair Trade Prices

U.S. Time Corporation, which has been vigorously protecting the Fair Trade prices of its TIMEX watches, has filed suit against six Pennsylvania retailers, which the corporation alleges are selling the watches for less than the prescribed minimum prices.

The watch manufacturer filed suit in the Court of Common Pleas against the following stores in Pittsburgh, Pennsylvania: American Discount Stores, Misco, Clabers, Treasure Island and Buyers Mart. In Buck's County, a suit has been instituted against the Quakerstown Farmers Market.

U.S. Time is seeking injunctions and damages of $5000 against each of the stores.

CHANGE OF ADDRESS

When you move—

Please inform this office.
"The Maryland Pharmacist" is not forwarded by the Post Office when you move.
To insure delivery of The Maryland Pharmacist and all mail, kindly notify the office when you plan to move and state the effective date.
Thank you for your cooperation.

Nathan I. Gruz, Editor
Maryland Pharmacist
650 West Lombard Street
Baltimore 1, Maryland

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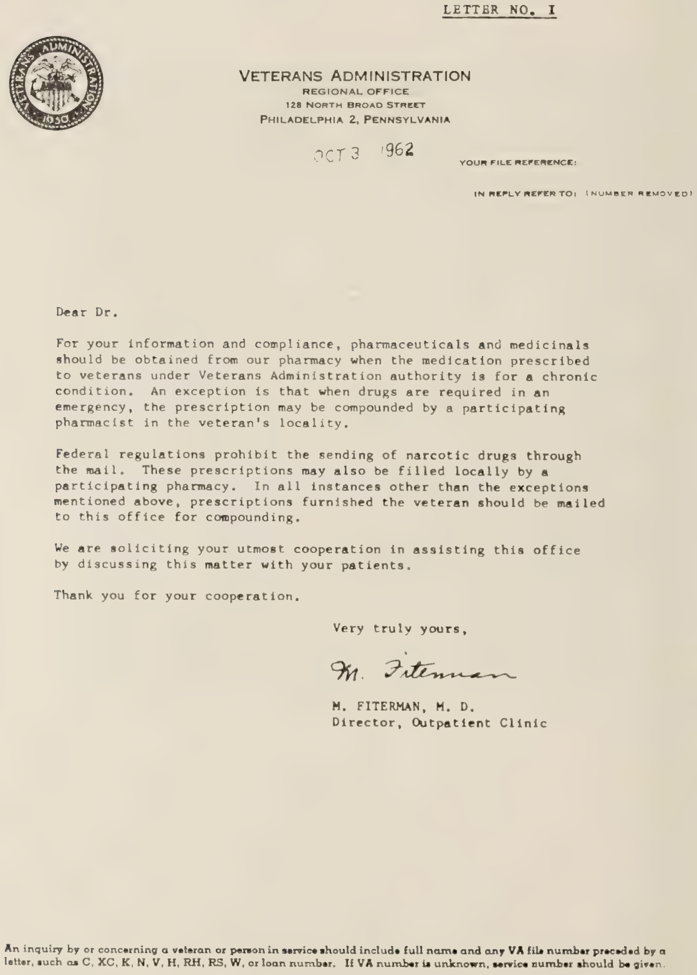


LETTER NO. I

VETERANS ADMINISTRATION
REGIONAL OFFICE
128 NORTH BROAD STREET
PHILADELPHIA 2, PENNSYLVANIA

OCT 3 1962

YOUR FILE REFERENCE:

IN REPLY REFER TO: (NUMBER REMOVED)

Dear Dr.

For your information and compliance, pharmaceuticals and medicinals should be obtained from our pharmacy when the medication prescribed to veterans under Veterans Administration authority is for a chronic condition. An exception is that when drugs are required in an emergency, the prescription may be compounded by a participating pharmacist in the veteran's locality.

Federal regulations prohibit the sending of narcotic drugs through the mail. These prescriptions may also be filled locally by a participating pharmacy. In all instances other than the exceptions mentioned above, prescriptions furnished the veteran should be mailed to this office for compounding.

We are soliciting your utmost cooperation in assisting this office by discussing this matter with your patients.

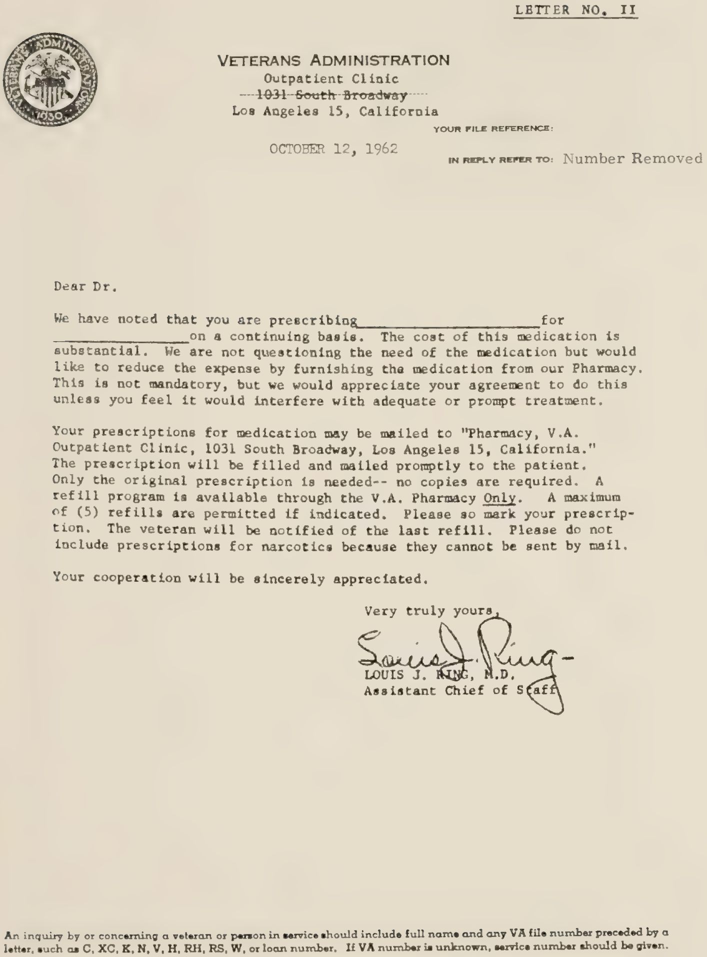
Thank you for your cooperation.

Very truly yours,

M. Fiterman

M. FITERMAN, M. D.
Director, Outpatient Clinic

An inquiry by or concerning a veteran or person in service should include full name and any VA file number preceded by a letter, such as C, XC, K, N, V, H, RH, RS, W, or loan number. If VA number is unknown, service number should be given.



LETTER NO. II

VETERANS ADMINISTRATION
Outpatient Clinic
~~1031 South Broadway~~
Los Angeles 15, California

YOUR FILE REFERENCE:

OCTOBER 12, 1962

IN REPLY REFER TO: Number Removed

Dear Dr.

We have noted that you are prescribing ____________________ for ______________ on a continuing basis. The cost of this medication is substantial. We are not questioning the need of the medication but would like to reduce the expense by furnishing the medication from our Pharmacy. This is not mandatory, but we would appreciate your agreement to do this unless you feel it would interfere with adequate or prompt treatment.

Your prescriptions for medication may be mailed to "Pharmacy, V.A. Outpatient Clinic, 1031 South Broadway, Los Angeles 15, California." The prescription will be filled and mailed promptly to the patient. Only the original prescription is needed-- no copies are required. A refill program is available through the V.A. Pharmacy Only. A maximum of (5) refills are permitted if indicated. Please so mark your prescription. The veteran will be notified of the last refill. Please do not include prescriptions for narcotics because they cannot be sent by mail.

Your cooperation will be sincerely appreciated.

Very truly yours,

Louis J. King

LOUIS J. KING, M.D.
Assistant Chief of Staff

An inquiry by or concerning a veteran or person in service should include full name and any VA file number preceded by a letter, such as C, XC, K, N, V, H, RH, RS, W, or loan number. If VA number is unknown, service number should be given.

Exempt Narcotics— Abuses and Responsibilities

Exempt Narcotic Provisions

An important feature of the Narcotics Manufacturing Act, and of most interest to the pharmacist, is a provision relating to exempt narcotic preparations. This provision gives the commissioner of narcotics authority to designate which narcotic preparations should be placed in the exempt category.

Thus, some narcotic drugs which are relatively harmless can be removed from the prescription requirement and placed in the exempt category. If a narcotic preparation in the exempt category should become subject to widespread abuse, the commissioner of narcotics has the authority to correct this situation by removing that particular preparation from the exempt category and placing it under prescription.

The regulations for excepted narcotic pharmaceutical preparations, or those commonly referred to as exempt preparations, provide for two categories of products, Class "X" and Class "M."

Class X products are those pharmaceutical preparations containing a narcotic drug in such quantity as to have little or no addiction potential. These preparations, in addition to the narcotic content, must contain one or more non-narcotic active medical ingredient in substantial proportion to confer on the preparation valuable medicinal qualities other than those possessed by the narcotic drug alone.

Those exempt preparations coming within the Class X category continue to be handled as they have in the past, and the pharmacist is required to maintain the same *records of dispositions and sales* as formerly required for Class X narcotic preparations.

Class M products may be sold by any Class 5 registrant without a prescription or without the necessity of keeping records. Only the manufacturers of Class M products are required to maintain records of production and dispositions. However, exempt narcotic preparations in either Class X or Class M may be sold only as medicines.

I must point out that, at the present time, only a few states have amended their laws to provide for a relaxation of controls for the Class M preparations. The stricter controls on these preparations will continue in effect in the remainder of the states until they amend their laws to conform with the new provisions of the federal law.

Occasionally Subject to Abuse

Preparations in the exempt category are on occasion subject to abuse. However, before this abuse becomes widespread, we believe that the pharmacist can do much to bring the situation under control. He has the responsibility and is in a position to limit the sales of exempt narcotic preparations to prevent their being used to maintain addiction.

—Henry L. Giordano
U.S. Commissioner of Narcotics

National Pharmacy Week

National Pharmacy Week, October 7-13, 1962, was observed throughout the state under direction of the Pharmacy Week Committee, Milton A. Friedman, Chairman.

The winners in the state-wide window display contest were:

1st Prize: Morris L. Cooper, Coopers Drug Store, Baltimore.

2nd Prize: Donald Schumer, Penn Dol Pharmacy, Baltimore.

3rd Prize: Michael Marcus, Marcus Pharmacy, Baltimore.

There were many excellent entries.

The judges were: Dr. B. Olive Cole, Chairman, Mr. Jack L. Levin, Shecter & Levin Advertising Agency, and Dr. John F. Schaefer.

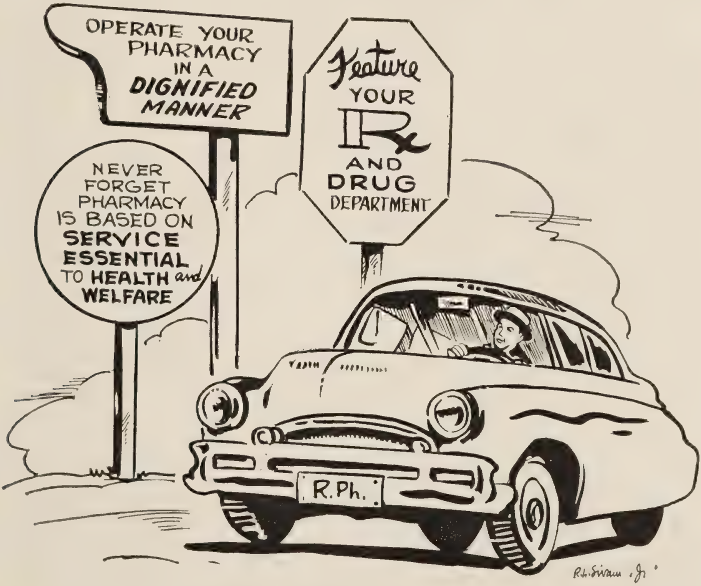
The Baltimore Metropolitan Pharmaceutical Association was responsible for the installation of a professional window at the Enoch Pratt Free Library in Baltimore. Mortars of Morris

L. Cooper and apothecary jars of Stephen J. Provenza. Charles E. Spigelmire, Public Relations Committee Chairman, arranged for radio and TV coverage. Car bumper stickers and window streamers were distributed.

Proclamations were issued by Governor Tawes and J. Howard Grady, Mayor of Baltimore.

Allegany-Garrett County Pharmaceutical Association engaged in full program of activities in observance of National Pharmacy Week, starting with a proclamation by Mayor Earl D. Chaney of Cumberland. In addition, there were many radio announcements and fourteen ft. window display in the Chamber of Commerce building. Fern Kenney served as Chairman of the Pharmacy Week Committee.

For the Eastern Shore, Thomas M. Payne of Easton reported that all the pharmacies in Talbot County participated in a joint Pharmacy Week advertisement in the Eastern Star-Democrat. The papers also published an editorial saluting pharmacists. Several pharmacies installed window displays. The local radio station played the record furnished by the American Pharmaceutical Association.


OPERATE YOUR PHARMACY IN A DIGNIFIED MANNER
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NEVER FORGET PHARMACY IS BASED ON SERVICE ESSENTIAL TO HEALTH and WELFARE
R.Ph.
R.L. Swain, Jr.

GUIDEPOSTS WORTH FOLLOWING

APhA President Archambault Sees Rise Of Pharmacy Practitioner

The practitioner of pharmacy as a profession is on the rise here in America declared American Pharmaceutical Association President George F. Archambault at the University of Minnesota.

"As President of the APhA, I have had the opportunity to travel widely across this country, in Canada and Puerto Rico. I have been talking and visiting with pharmacists, and, everywhere I go, I find the same encouraging conditions:

"A new keeness for professional activities, a new feeling of the individual's professional worth, a new sense of individual purpose, a new conviction that pharmacy is more than a daily routine or one particular kind of pharmacy."

Dr. Archambault made these points while delivering the Samuel W. Melendy Memorial Lecture, a lecture series established by the late Minnesota pharmacy leader Samuel W. Melendy and given annually by "the most outstanding man in current pharmacy." Besides serving as 1962-63 President of the APhA, the national society of pharmacists, Dr. Archambault is Pharmacy Liaison Officer to the Office of the Surgeon General and Chief, Pharmacy Branch, Division of Hospitals, Bureau of Medical Services, U.S. Public Health Service.

"The Pharmacist is better educated, he is more vocal in his views, he is demanding more of himself professionally and also of his organizations, he is a part of and is being affected by broad social, economic, and scientific changes, and, most important, he sees that it is not economic protection, not favorable laws that will give him the future he wants. He sees that his future lies in serving as what he truly is—a trained medication and sick room supply expert—a pharmacist."

Evidence of this new situation in American pharmacy can be seen, Dr. Archambault said, in:

—The unification and affiliation of local, state and national professional societies.

—The increasing use of the professional fee.

—The seeking by pharmacists of more satisfaction from their daily practices. Here, he cited the movement to make every pharmacy a health education center; the need by the public for health advice and guidance from the pharmacist in the purchase of ordinary health items and household medications; advising physicians, dentists and veterinarians on drug properties; and pharmacists' participation in community health projects and programs.

"The outstanding men in current pharmacy are the practicing pharmacists themselves," Dr. Archambault concluded. "On their own, they are enlarging their mental outlook, broadening it as it were, from private entrepreneur to public professional. On their own, they are demanding federation and a voice and a vote in the associations that represent them at the local, state, specialty, and national levels.

"We are indeed seeing the rise of the individual professional in pharmacy—educated, vocal, self-disciplined, and determined to increase his personal satisfaction by developing his professional role to its fullest. We are seeing the first view of the pharmacist of the future."

Antifreeze—A Potential Toxic Hazard

With the onset of winter the Arizona Poisoning Control Information Center at the University of Arizona has received numerous telephone inquiries regarding the toxicity of antifreeze. It is the season to direct attention, once again, to the systemic hazards of antifreeze preparations. The so-called "permanent" antifreeze usually contains 90

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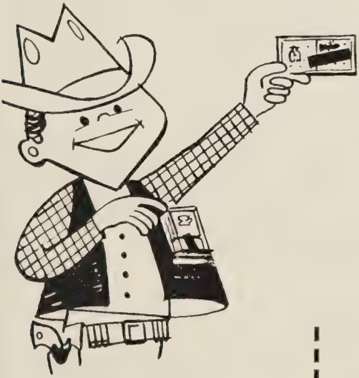

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to 100% ethylene glycol, a dye, and a rust inhibitor. For example, one particular brand of this type of antifreeze contains 94.2% ethylene glycol, 0.008% cyanine green dye, 1.3% borax (as rust inhibitor) and water. Ethylene glycol is a major toxic ingredient in this antifreeze and its oral lethal dose for adults is 3 or 4 fluid ounces, although survival following the ingestion of 8 ounces has been reported. It is primarily a central nervous system depressant and a kidney poison.

Following ingestion, ethylene glycol may cause an initial brief period of exhilaration followed by the development of ataxia, stupor, and coma, with or without an intermediary stage of convulsions. There may be nausea and vomiting (sometimes bloody vomitus), and abdominal cramps. The respiration may be noisy and shallow and slow or rapid. There is acute renal failure with oliguria or anuria, uremia, hematuria, electrolyte changes, acidosis, peripheral edema, ascites, and pulmonary edema. Death may occur as a result of respiratory paralysis but usually as a result of the renal failure.

Treatment for ethylene glycol poisoning is symptomatic. The poison should be promptly evacuated from the stomach by emesis or by gastric lavage with a 1:5,000 solution of potassium permanganate. Oxygen should be given to support the respiration, as necessary. Fluid and electrolytes, when administered, should be limited to replacement of the amount lost in the urine, perspiration, and vomiting, because of renal dysfunction.

Another type of antifreeze ("non-permanent") which is less commonly employed in this area, contains methyl alcohol, a dye, and a rust inhibitor. With this type of antifreeze, methyl alcohol constitutes the major toxic ingredient. The oral lethal dose of methyl alcohol in man is 2 or more fluid ounces. Following the ingestion of methyl alcohol an asymptomatic latent period of 8 to 36 hours may precede the onset of symptoms. The effect of poisoning may consist of (1) a minor component of central nervous system depression, (2) a major component of acidosis due to formic acid, and (3) a specific toxcity of the metabolic products of methyl alcohol (probably formic acid) for the retinal cells. Survival and salvage of vision is directly dependent on rapid and complete restoration of acid-base balance. Acidosis should be treated with alkalis, such as sodium bicarbonate and sodium lactate, administered in amount and by routes determined by the severity of intoxication. Since the oxidation of methyl alcohol is slow, there is a likelihood the recurrence of acidosis after a period of successful treatment. Hence, it is recommended that close observation and proper therapy be continued for several days. Whiskey or 50% ethanol, 1 ounce every 3 or 4 hours, may be given by mouth or stomach tube to retard the formation of toxic products of methyl alcohol metabolism. Chew and Associates have reported the successful use of sodium bicarbonate, sodium lactate, and whiskey in the treatment of methyl alcohol poisoning in 26 navy men.

—College of Pharmacy,
University of Arizona

DISCOUNT INDUSTRY: 1961

Sales of the discount industry have far exceeded predictions made last year, as new and larger units helped boost total volume to $4.8 billion, indicates a study by Discount Merchandiser magazine. This is a rise of 65% from the $2.9 billion scored in 1960. The survey also reveals:

> There were 527 new units opened last year, bringing the total to 2,512. This is a gain of 26% from the 1,935 stores existing in 1960.
>
> A slight increase in sales per square foot and a hike in the average size of discount stores combined to increase the average volume per store 30.4% from $1.5 million in 1960 to $1.9 million last year.

Audits & Surveys Company finds that some 51% of discounters offer credit; 39% provide delivery service; 75% carry apparel and 38% sell foods.

According to Discount Merchandiser magazine, sales per square foot came to about $54 in discount units averaging a volume of $3.7 million. Sales per square foot in department stores of about the same volume have been running about $40.00.

Discounters sprout everywhere. About a third of the stores are on highways; 24% in neighborhoods; 22% in shopping centers; and 21% downtown.

Chain Store Age predicts that Variety Store chains alone will have nearly 7-million square feet of discount space in operation by the end of 1962.

The East North Central region has the heaviest concentration of discount stores with 616 doing $1,115 million worth of business, which is 23.1% of total sales. The following is a breakdown by region, number of stores, dollars volume and per cent of total sales: New England, 251 stores, $567 million volume, 11.7% of total sales; Middle Atlantic, 536 stores, $1,101 million volume, 22.7% of total sales; West North Central, 236 stores, $366 million volume, 7.5%; East South Central, 96 stores, $122 million volume, 2.5%; South Atlantic, 270 stores $396 million volume, 7.0%; Mountain, 69 stores, $161 million volume, 3.3%; Pacific, 291 stores, $673 million volume, and 14.0% of total sales.

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MORE RESEARCH CALLED FOR IN PHARMACY

Dr. Karl A. Folkers, president for 1962 of the American Chemical Society and executive director of fundamental research at the Merck Sharp & Dohme Research Laboratories, addressed the 141st commencement of the Philadelphia College of Pharmacy and Science.

In his commencement address, Dr. Folkers looked toward the future of biology, pharmacy, and chemistry. In biology, he said that scientific understanding and control of the genetic code may eventually enable man to influence his own biolgical development.

Calling for more research in pharmacy, he said that greater knowledge of the mechanism and kinetics of drug absorption might lead to entirely new dosage forms. In the field of chemistry, Dr. Folkers foresaw increasing research competition from other countries, including Russia.

He urged members of the graduating class to re-examine their career objectives periodically to determine the need for additional academic training. "This is essential to your contribution to a world where more advanced education is a necessity," he said. "The matching of your intellectual capabilities and talents with corresponding academic training is vital, not only to your future but to that of our nation," he added.

Pointing out that an ethical drug company may spend upwards of a million dollars in research and development of a single vital new drug, Dr. Folkers stated that successful projects must support the whole spectrum of pharmaceutical industry research. He said that the pharmaceutical industry, by discovering and providing new drugs, has become indispensable to the nation's future health and welfare.

Dr. Folkers was leader of the Merck research team that in 1948 isolated vitamin B-12, the anti-pernicious anemia factor. In addition, he has carried out important research on antibiotics, hormones, and synthetic medicinals, as well as other vitamins.

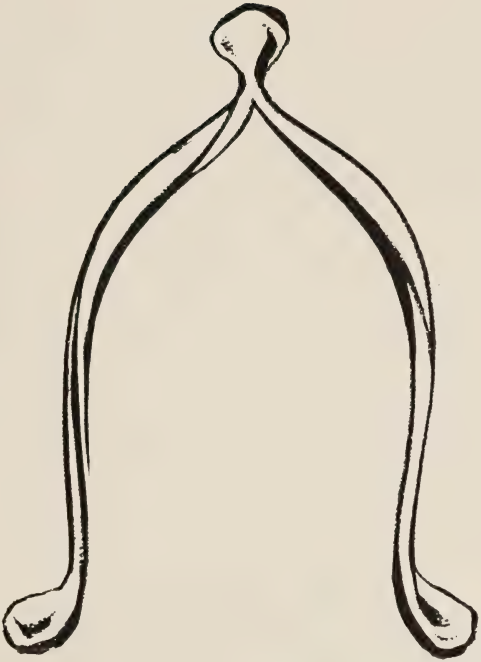
REVIEWING SERVICE ANNOUNCED FOR PHARMACY CAREER MATERIALS

The American Pharmaceutical Association with the guidance of the National Advisory Commission on Careers in Pharmacy announces the establishment of a literature reviewing service for pharmacy career material.

The wide variety of pharmacy career publications, both at national and local levels, requires revision and reprinting at regular intervals. Consequently as requests have been received by APhA to provide up-to-date information, the need for standardization of statistical information and terminology has been recognized. To keep pharmacy career materials as accurate as possible, the reviewing service is being made available to professional organizations and to publishing houses. In addition to checking the literature, recommendations will be made on listing brochures in appropriate career directories to obtain maximum benefit from the investment.

Among the well known non-pharmaceutical occupational literature publishers who have used the APhA careers office as their source of information are the U. S. Department of Labor, Bureau of Statistics, in preparing their biennial Occupational Outlook Handbook; the Chronical Guidance Service of Moravia, New York and Career Publications of Largo, Florida. Pharmaceutical associations are invited to avail themselves of this APhA service when publishing or revising career literature.

Schering Corporation spends over one-quarter million dollars annually in training salesmen to provide doctors with complete information on drugs, according to Katharine H. Hain, M.D., director of medical services for the Bloomfield, N. J., pharmaceutical company.



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Annual Frolic
Alumni Association
School of Pharmacy

Reported by B. Olive Cole

The Sixteenth Annual Frolic of the Alumni Association of the School of Pharmacy, University of Maryland, was held in the Straus Auditorium, Park Heights and Slade Avenues, Baltimore, Maryland, November 8, 1962.

President Sam A. Goldstein welcomed the guests. Milton A. Friedman was Master of Ceremonies. Dean Noel E. Foss expressed appreciation of the work of the Alumni Association. The audience, numbering approximately 300 persons, included students, their parents and friends, members of the fraternities, sorority, interested alumni and faculty members.

The entertainment consisted of seven skits and three individual presentations by undergraduate students under the supervision of Dr. Frank J. Slama, Executive Secretary of the Alumni Association.

The judges were Past Presidents of the Alumni Association — Messrs. James P. Cragg, Jr., Irving I. Cohen and Victor H. Morgenroth, Jr.

The judges decided that instead of first and second prizes, there should be two first money prizes—one to the Newman Club and the other to The Alpha Zeta Omega Fraternity, as they considered the two skits of equal interest.

For many years Bernard Cherry has personally provided the Cherry Activities Cup and when a fraternity is judged as presenting the best skit for three years, the cup is retired in possession of the group—this year to The Newman Club. The two fraternities will receive a small replica cup in addition to the cash prizes.

The third cash prize was awarded to the Lambda Kappa Sigma Sorority. The first individual money prize was awarded to Miss Jeanne Baker, Vocalist, and the second individual prize to M. Neal Jacobs, Soloist. The Rho Pi Phi Fraternity, the Phi Delta Chi fraternity, the Jungleaires and the Class of 1864 also presented skits, and the entire program was considered interesting and enjoyable.

The Frolic Committee consisted of Milton A. Friedman, Robert Kokoski, Milton Brownstein and Solomon Weiner,

The Place and Arrangements Committee included Irvin B. Epstein, Chairman, S. Lawrence Rosenbloom, Vice-President, Jerome Stiffman, Morris Rockman, and Mrs. Sam A. Goldstein as an able associate in the arrangement for the bountiful refreshments, assisted by members of the Alumni and of the Travelers' Auxiliary of the Maryland Pharmaceutical Association.

The music between skits and for dancing was by the Gene Bonner Orchestra. Herman Bloom of the Paramount Photo and Supply Company, was the cheerful photographer.

Door prizes in quality and quantity, were provided by Calvert Drug Company, Muth Brothers, Loewy Drug Company, H. B. Gilpin Company, Allen & Sons, I. & L. Candy and Tobacco Company, Noe Equal Hosiery Company, the Ihrie Potato Chip Company, Merck, Sharp & Dohme, Robert Wood Johnson, Abbott Laboratories and Pepsi Cola. Students, in particular, are pleased when they are the recipients of door prizes. Dr. Frank J. Slama received an appreciation gift.

The Hendler Ice Cream Company provided ice cream and the Coca Cola Company provided Coca Cola.

With the exception of donations, the Annual Frolic is subsidized by the Alumni Association of the School of Pharmacy and furnishes a bright evening of entertainment.

The Mid-Winter Alumni Dance will be held on February 28th, 1963 at the Emerson Hotel, 9 P.M. to 1 A.M.

The Annual Alumni Banquet will be held on Thursday, June 6, 1963, Baltimore Union, 621 West Lombard Street, Baltimore, Md.

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Supreme Court Turns Down Pharmacy Antitrust Appeals

The Supreme Court of the United States announced denial of the Petition for Certiorari in the Northern California Pharmaceutical Association and Donald K. Hedgpeth antitrust case, and at the same time affirmed the judgment in the Utah Pharmaceutical Association antitrust case.

APhA Executive Director William S. Apple has expressed disappointment over the Supreme Court decision. "APhA recognized the importance of these cases from the initial thrust of the Justice Department's actions," observed Dr. Apple, "and that is why we offered assistance to pharmacist Hedgpeth and the Northern California and Utah Associations. As a result of carrying these cases to the highest tribunal in the land, pharmacists can more clearly see the task ahead to bring about the full recognition of pharmacy as a profession."

The Northern California and Hedgpeth month-long criminal trial was tried by Judge Louis E. Goodman in San Francisco District Federal Court, with a jury verdict of guilty on June 16, 1961 and the Ninth Circuit Court of Appeals upheld the verdict in a decision rendered June 27, 1962. The Utah civil trial was held November 21-22, 1961 by Judge A. Sherman Christenson in Salt Lake City Federal Court, with the decision handed down on January 3, 1962. Judge Christenson observed in his decision that "there could be many better means for dealing primarily with the price and cost of the services of a professional pharmacist without involving an agreement for the uniform pricing of drugs themselves." The Utah case was appealed directly to the Supreme Court.

"Pharmacy is indebted to the local, state and national pharmaceutical organizations and the several thousand individual pharmacists who contributed $70,628.98 so that these cases could be defended and appealed," express Dr. Apple.

Gilpin Announces Personnel Changes

Mr. Richard D. Early, Division Manager of The Henry B. Gilpin Company in Washington, D.C., announced the appointment of Mr. Stanley Armentrout to the position of Financial Service Manager to further extend Gilpin's service to retail pharmacists in their own plans to manage more profitably through accounting coordinated with the total store plan. Mr. Armentrout holds an MS degree in accounting and was associated with the General Electric Wholesale Supply office in Washington, D.C. for six years. His experience in modern accounting in the distribution business, including the application of these procedures in retail operations, has equipped him to be of material aid as a counselor to retailers who seek to use these tools for improved control and profits.

Mr. Robert E. Bowman has been transferred from territory salesman to Product Promotion Manager in the Washington Division, where he will be responsible for promotional buying and merchandising. His experience and ability is expected to help Gilpin customers increase their own sales of the products they buy from Gilpin.

Mr. Early also announced his own plans to undertake a new responsibility in the Gilpin Sales Department, to include a special customer service program in the field.

Mr. James E. Allen, President of The Henry B. Gilpin Company, announced the transfer of Mr. William H. Whittlesey, Jr. from Manager of Gilpin's wholesale drug house in Dover, Delaware to Manager of Gilpin's Washington Division. Mr. William H. Smith, Jr. is being transferred from Washington Division Operations Manager to Manager of the Dover Division.

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Welcome Correspondence

During the past year, the Secretary received many oral and written comments. At the close of the year, it is gratifying to recall some appreciative letters.

* * * * * *

HOWARD DRUG & MEDICINE CO.
Wholesale Druggists
101 Cheapside
Baltimore 2, Md.

Mr. Nathan I. Gruz, Editor
The Maryland Pharmacist,
650 West Lombard Street
Baltimore, 1, Maryland

Dear Mr. Gruz:

Our advertisement in the current issue of The Maryland Pharmacist reflects your personal attention and we wish to sincerely thank you.

The placement in the magazine, the variation of type, etc., shows supervision of the printer, and the result is most satisfactory.

Again, Best Thanks.

Very truly yours,
Howard Drug & Medicine Co.
Mrs. Clarence H. Klingel,
President

BALTIMORE CITY HEALTH DEPARTMENT

Mr. Nathan I. Gruz, Editor
The Maryland Pharmacist,
Maryland Pharmaceutical Association
650 West Lombard Street
Baltimore, 1, Maryland

Dear Mr. Gruz:

This letter is to congratulate you on the excellence of the April issue of the Maryland Pharmacist. The articles are top quality, interesting and really helpful to us in doing our work.

This is just a pat on the back which you deserve.

Yours sincerely,
Wilfrid Davis
Assistant Commissioner of Health
Medical Care Section

THE NATIONAL ASSOCIATION OF RETAIL DRUGGISTS
1163 National Press Bldg.
Washington 4, D.C.

Mr. Nathan I. Gruz,
Executive Secretary,
Maryland Pharmaceutical Association
650 West Lombard Street
Baltimore, 1, Maryland

Dear Nate:

I wish that I had been able to be with you yesterday at the first Simon Solomon Pharmacy Economic Seminar. Judging from the Seminar program, your members received much information of professional and competitive benefit to them. The program was very well organized. Let me commend especially your choice of speakers. I do regret, though, as do you, the fact that our Executive Secretary, Willard Simmons, was unable to participate in the Seminar.

Sincerely,
Philip F. Jehle
Washington Representative and
Associate General Counsel

Maryland Pharmaceutical Association
Mr. Nathan I. Gruz,
650 West Lombard Street
Baltimore, 1, Maryland

Dear Mr. Gruz:

The John Eager Howard Community Council had the pleasure of furnishing the volunteer assistance to the Baltimore City Health Department during the recent KO-Polio Campaign.

The work of members of your Association was reported to the Community Council in these words by our Chairman:

> "One of the most edifying features was the volunteer work of the local pharmacists. They were very kind and patient and reassured everybody. Most of the people knew them and felt quite comfortable."

The group serviced Station 31 which was located at 926 W. North Ave. during the October period and at P.S. No. 61,

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Gillette, Gem, Razors and Blades
Schick Blades and Razors
Eaton High Grade Stationery
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BALTIMORE 2, MD.

Linden Avenue and Konig Street, in November.

Those participating were: Morris L. Cooper, 700 W. North Ave.; Raymond Manheimer, 2502 Eutaw Place; Godfrey Kroopnick, and Irving M. Fried, 930 Whitelock St.; Saul C. Code, 3822 Ridgewood Ave.; and Morris Zuckerberg, Druid Hill and North Avenues.

The Community Council is grateful to these men for taking the time out of their busy lives, and at personal expense to themselves, to render this worthwhile service.

Sincerely,
Abraham Finkelstein, Chairman
The John Eager Howard
Community Council

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Mr. Nathan I. Gruz,
The Maryland Pharmacist,
650 West Lombard Street
Baltimore, 1, Maryland

Dear Nathan:

Thanks for the republishing of my remarks in the Prince Georges-Montgomery Co. Bi County Pharmacist. We do appreciate your cooperation.

With kindest regards, I am

Sincerely,
David I. Estrin,
President

BALTIMORE CITY HEALTH DEPARTMENT

Mr. Nathan I. Gruz,
Executive Director
Maryland Pharmaceutical Association
650 West Lombard Street
Baltimore, 1, Maryland

Dear Mr. Gruz:

The Baltimore City Health Department and the Baltimore City Medical Society express sincere thanks for your assistance in the Knock Out Polio—Sabin Oral Polio Vaccine—Drive.

This city-wide health program to remove the epidemic threat of polio from Baltimore is considered a successful one. It could not have been done without your help and the assistance of many others who pitched in wholeheartedly to do the job. Indeed, it has been most gratifying to have had such wonderful support from so many in our community.

Mr. Joseph Gordon, Director of our Bureau of Health Information joins me in this note of appreciation.

With best wishes for the coming holiday season, I am

Cordially,
Robert E. Farber, M.D.
Commissioner of Health

Upjohn Releases Anti-Cancer Drug For Use In Some Blood Disorders

A chemical compound related to the nitrogenmustard family of anti-cancer drugs has been released commercially for use by physicians in the treatment of certain types of cancer, officials of The Upjohn Company announced.

The drug, Uracil Mustard, has been under investigation for over four years. It is by no means a cure-all, Upjohn researchers caution, and its usefulness is limited.

It appears to have particular value, however, in certain cancerous disorders of white blood cell forming tissues such as chronic leukemia and Hodgkin's disease, and occasionally in the treatment of some solid tumors. Unfortunately, it is not indicated for patients with acute leukemia, they emphasize.

Almost two years ago extensive clinical studies of Uracil Mustard in 100 patients with hematologic disorders, and 30 with solid tumors, were reported in the Journal of the American Medical Association (Nov. 26, 1960). These showed that the drug was most effective in causing subjective and objective improvement in patients with Hodgkin's disease, lymphosarcoma, chronic lymphocytic leukemia and chronic granulocytic leukemia.

The study was conducted by Drs. Edward Shanbrom, Sherwood Miller, Helmut Haar and Richard Opfell at the City of Hope Medical Center, Duarte, Cal., and Orange County (Cal.) General Hospital.

Among the patients with solid tumors, three with ovarian carcinoma "showed subjective improvement and regression of tumor masses." Results in cancer of breast, lung, stomach, and other sites were largely of no benefit.

As for toxicity, the investigators noted that "Uracil Mustard is a remarkably well-tolerated drug." The most common complaints were of nausea, vomiting, anorexia and epigastric distress, mostly in patients on large doses. A relatively small number (12) complained of pruritus, and even fewer of other dermatological manifestations; a few patients became irritable or depressed.

"None of the toxic manifestations were of sufficient magnitude to warrant permanent cessation of therapy, and with continued experience we learned that the drug could be administered without side effects in smaller but still effective doses," Dr. Shanbrom and his colleagues reported.

Their experience was confirmed last year in a study of 50 patients at the University of Minnesota Medical School by Drs. B. J. Kennedy and Athanasios Theologides. They reported in the New England Journal of Medicine (April 20, 1961) that objective improvement occurred in 15 of 20 chronic lymphatic leukemia patients, eight of 14 with Hodgkin's disease and eight of 13 with lymphoblastoma.

Neither the California nor the Minnesota investigators observed any beneficial effects of the drug in acute leukemia.

Uracil Mustard, like nitrogen mustard to which it is related chemically, is a so-called alkylating agent which appears to deprive some kinds of runaway cancer cells with enzymes necessary to their growth.

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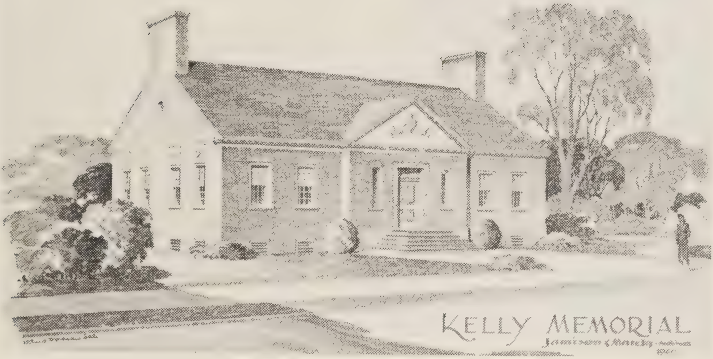
THE MARYLAND PHARMACIST



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[1] Bartell, P., Pierzchala, W., and Tint, H.: J. Am. Pharm. A. (Scient. Ed.), 49:1, 1960. [2] Barr, M.: J. Am. Pharm. A. (Scient. Ed.), 46:490, 1957.

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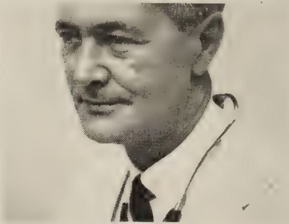

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The Maryland Pharmacist

— NATHAN I. GRUZ, Editor —

Volume XXXVIII JANUARY, 1963 No. 4

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The Maryland Pharmacist is published monthly by the Maryland Pharmaceutical Association, 650 W. Lombard Street, Baltimore 1, Md. Subscription price $5.00 a year. Entered as second class matter December 10, 1925, at the Postoffice at Baltimore, Maryland, under the Act of March 3, 1879.

Editorial . . . . . .

The Community Pharmacy

It is dangerous to attempt to prophesize the future of the economic structure of the country or of pharmacy in particular. However, as one observes current developments or listens to experts in many fields, one is struck with a number of conclusions that many agree on:

The neighborhood or community pharmacy has coped with many challenges in the past, such as chain stores, pine-boards and cut-raters. More and more traditional drug-store merchandise has been taken on by others, such as grocers, super-markets, variety stores and department stores. Today the greatest challenge is from discount operators and giant super-market variety operators.

Some pharmacy proprietors have panicked and have decided that their salvation is by imitating discounters. However, few pharmacies are in a position to meet discounters on their terms. In fact, some discounters are failing to make the grade. Others have found it wise to upgrade their operations by building elaborate stores and adding quality merchandise.

Consumers find that "bargains" at the discounters are soon replaced by realistically priced merchandise. In addition, many consumers quickly learn that they are subjected in discount stores to extreme pressure by clerks to buy off-brand, private label and low-quality merchandise.

In discount prescription departments, maintenance drugs are used as bait. Stocks are limited to the fastest moving items, compounded prescriptions are discouraged and trade package quantities stressed.

Every pharmacist who has succeeded over a period of time has learned this basic law: change is inevitable and success comes to those who accept the challenge of change and take the steps necessary to meet changing conditions.

Complacency insures failure.

Today's successful pharmacists are not rushing to imitate predatory price cutters. They are meeting challenges in a realistic and practical manner. Primarily they are emphasizing their basic quality — personalized, professional **service.**

The community pharmacist actually has the "priceless ingredient" which large, impersonal, "efficient" organizations do not have. He has the ability to demonstrate **personal interest** in every patron. He is able to develop an intimate pharmacist-patient relationship. The community pharmacist can also take his message of professional service to the physicians of his area. He can take every opportunity to project himself and his services as a professional person. He must emphasize these values of the community pharmacist to **his** community:

1. The importance to public health of a conveniently located pharmacy that is open many hours, seven days a week and on holidays to provide essential medication and health aids.
2. The vital health information the community pharmacist imparts to his patrons, referring those who need health care to physicians and dentists.
3. The pharmacist's great contribution to public health by participating in polio, diabetes and other health programs.
4. His participation in community affairs and professional pharmaceutical organizations to keep himself a well informed and, therefore, more effective pharmacist.
5. His complete stock of pharmaceuticals—not just fast movers—

in order to discharge the responsibilities of the pharmacy license granted by the authority of the State government.

6. His interest in the patron, not just as a customer, but as a person. He learns to know the needs of entire families and is a valuable friend and counselor, thereby assisting the physician in the total medical care of the family.

You can fight back by both WORDS and ACTION:

1. WORDS—tell the story to both physicians and patrons of the vital role you serve in your community.
2. ACTION — demonstrate personalized, professional service to your community.

Who would like to live in a community without a **community** pharmacy?

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President's Message . . . . . .

Dear Fellow Members:

It is gratifying to see that pharmacists are becoming not only more interested in the governmental and political affairs of their communities, but are actually seeking election to public office. I hope all of you will give every consideration to a pharmacist when he engages in public and political affairs.

From time to time it also becomes necessary to remind all of us to frequently review not only the Maryland pharmacy laws, but also the narcotic laws and the Federal Food and Drug laws and regulations. Now is a good time to check the practices in your pharmacy. Are exempt narcotics being sold only in good faith for medicinal purposes? Are all sales being recorded? How about refills for legend drugs? Are only properly authorized refills being dispensed? Are refills properly recorded? A word to the wise pharmacist should be sufficient. It is good professional practice as well as common sense to use good professional judgment at all times.

The interest of public health is best served when you insure that prescription practices are above reproach in your pharmacy.

In closing, let me remind you to attend the Swain Seminar on March 14th. The program deserves your attendance.

Sincerely,

VICTOR H. MORGENROTH, JR.
President

Plan Now To Attend

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Finally, there's the safety cap—probably the best one in your store. Difficult for children to remove, the snap-action cap is easily opened and closed by adults once they know the secret.

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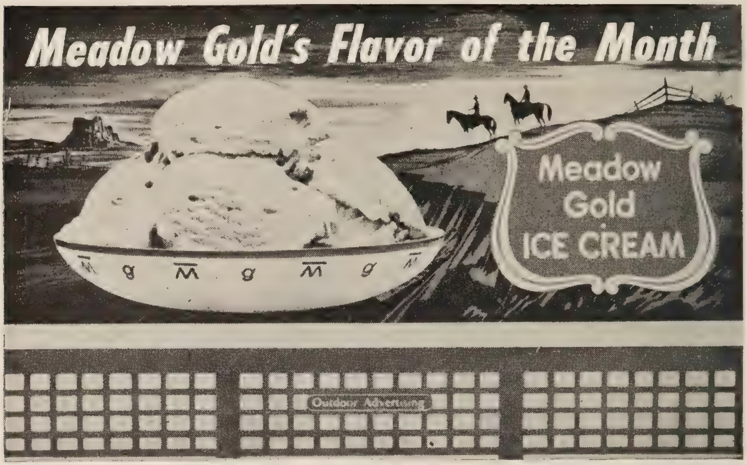
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Secretary's Script . . .

A Message from the Executive Secretary

Your officers, committees and association office are called upon daily to meet the unending challenges besetting pharmacy.

The Legislative Committee has worked unceasingly to develop legislation which will benefit both the public and the profession of pharmacy. Many of you will be called upon to contact your state legislators to acquaint them with the necessity for new laws.

The committee on Medical Care has recommended a $1.50 professional fee for medical care prescriptions. It is also trying to resolve the question of how to determine the wholesale price of a drug.

Frequent conferences are being held with legal counsel to seek every possible proper avenue for advancing the profession of pharmacy and preventing the use of pharmacy as a promotional tool for non-professional purposes.

In 1962 the Maryland Pharmaceutical Association achieved a record number of members. The programs and services of the Association are expanding. The Membership Committee, under Morris R. Yaffee is planning to reach every pharmacist in the state. It is hoped that every pharmacist will lend his strength by becoming an Active Member.

An Association can only be as strong as its membership. We hope that by the time you read this message you have renewed **your** membership and enrolled **one more** pharmacist as a member.

We can succeed by joining together and working together for a common cause.

Sincerely,

Nathan I Gruz

Executive Secretary

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they cleaned us out again"
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LANCE
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301 WEST PRESTON STREET
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Drug Store Changes for January

Closed

Rock Hall Pharmacy, James T. Geraghty, Main Street, Rock Hall, Maryland.

Belnord Pharmacy, Benjamin Scheinin, 2710 Pulaski Highway, Baltimore 24, Maryland.

Allen's Pharmacy, Anthony Allen, III, President, 1654 N. Smallwood Street, Baltimore 16, Maryland.

Edgewood Pharmacy, Joseph U. Dorsch & Victor H. Morgenroth, Jr., 3514 Edmondson Avenue, Baltimore 29, Maryland.

New

Five-Fifty Pharmacy, Morton Kahn & Morton Cohen, 550 North Broadway, Baltimore 5, Maryland.

Drug Fair of Maryland, Inc., No. 78, 2340 University Boulevard, East, Adelphi, Maryland.

Holy Cross Hospital of Silver Spring, Mother Kathryn Marie, C.S.C., President, 1500 Forest Glen Road, Silver Spring, Maryland.

Markin's Pharmacy, Inc., Samuel Markin, 1538 W. Baltimore Street, Baltimore 23, Maryland.

Walkersville Pharmacy, James T. Geraghty, 11 Maple Avenue, Walkersville, Maryland.

Voshell's Pharmacy, Wilkins, Victor H. Morgenroth, Jr. & Joseph U. Dorsch, 3350 Wilkens Avenue, Baltimore 29, Maryland.

People's Service Drug Stores, Inc., No. 71, 7534 Annapolis Road, Hyattsville, Maryland.

People's Service Drug Stores, Inc., No. 205, Indian Head Shopping Center, Indian Head, Maryland.

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The survey was prompted by the death of an 18 month old girl from strychnine pills sent through the mail. The prescription, mailed by a physician, was intended for a neighbor but was picked up by the mother of a child at a shared rural mail box and placed on a dresser pending the neighbor's return.

When the mother returned from an errand she found both her daughter and three year old son playing with the pills on the floor. Both children were rushed to the hospital. The boy survived but the girl died. In another instance a drug mailed to the home of a professor of medicine was picked up by one of the neighbor's children who swallowed several of the tablets.

M. P. A.
81st ANNUAL CONVENTION

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Contributions . . . . . .

Use Of Some Fatty Alcohols In Pharmacy And Cosmetics

by B. F. Allen*

The importance of fatty alcohols in pharmaceuticals and cosmetics has increased substantially in recent years mainly due to the development of more effective, stable, and appealing topical products. Also, because it has been recognized that in the overall efficacy of a preparation drug and cosmetic, vehicles may at times be as important as the specific active agents employed.

Cetyl alcohol and its companion, stearyl alcohol have been used for some time in the aforementioned fields. A liquid fatty alcohol known as oleyl alcohol has also been widely used because of its interesting properties. In addition there are commercially available several other alcohols and a variety of mixtures.

The N.F. describes cetyl alcohol as a mixture of solid alcohols consisting chiefly of cetyl alcohol and that it occurs as unctuous, white flakes, granules, cubes or castings.

This product can be produced by processing fatty esters found in nature either of animal or vegetable origin. The main source of cetyl alcohol of animal origin is that prepared from spermaceti which consists largely of cetyl alcohol esters of palmitic acid with some free cetyl alcohol. It is also made by the hydrogenation of fats and fatty acid mixtures which occur in coconut and palm kernel oil as well as tallow.

Cetyl alcohol is insoluble in water but soluble in alcohol, ether, and chloroform. It mixes with both mineral and vegetable fats and oils. It is stable and not subject to bacterial attack.[a]

Two important properties account for much of its wide use. They are its useful skin emollient property combined with its ability to improve the general quality of a topical emulsion.

Although not an emulsifying agent in itself, it is a useful emulsifying adjunct (emulsifying assistant or co-emulsifier) which may be effectively used in either water-in-oil or oil-in-water emulsions. The stabilizing effect is due to its hydrating capacity. Cetyl alcohol because of these properties, permits and facilitates the incorporation of water into creams containing mineral oil, paraffin and petrolatum. In the compounding process, the reduction of interfacial tension assists in the formation of products that remain stable, virtually eliminating "weeping" or water exudation.

Cetyl alcohol will impart a pleasantly smooth texture to the finished product but will not be greasy. It has a melting point of 45°-50° C. which permits ease of formulation and application. In addition to all these desirable properties it also helps suppress evaporation of water from cream-like preparations.

A monomolecular film of cetyl alcohol has been found to substantially reduce the evaporation rate of water in reservoirs by as much as 65 per cent. It is reported that this waxy chemical is harmless not only to human beings but to animals, plants and fish. This means a new breakthrough in international efforts to keep water from disappearing into thin air.

During recent years, considerable attention has been directed toward the development and improvement of vehicles for externally applied medication. As an example, it was observed by one group of investigators that the following composition was a satisfactory combination for extemporaneous use in prescription and formulation work: 36

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*Associate Professor of Pharmacy, University of Maryland

[a] one reason why it is often used in place of spermaceti in a variety of formulations

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Gm. cetyl alcohol, 4 Gm. sodium lauryl sulfate, q.s. to 1000 ml. with distilled water.

Cetyl alcohol is also used in the manufacture of a number of quaternary ammonium compounds. These quaternaries are excellent germicides and fungicides. One of the compounds, cetyl dimethylbenzyl ammonium chloride (Banicol) is an ingredient in F & F Cough Lozenges. Another compound, cetylpyridinium chloride (Cetamium) is an ingredient in Vicks Throat Lozenges and Lemon Medicated Cough Drops.

Stearyl alcohol, U.S.P., is a mixture of solid alcohols, consisting chiefly of stearyl alcohol. It melts between 56° and 60° C.

This alcohol has the same appearance and similar properties and use as cetyl alcohol. However, it is reported to cause a greater potentiation of the "water number" of petrolatum. The "water number" has been defined as the largest weight of water which 100 Gm. of an ointment or fat will hold at 20° C.

Many ointment bases utilizing stearyl alcohol have been developed and the current official compendia contains the following with the concentration of this substance as indicated in the parenthesis: Hydrophilic Ointment, U.S.P. (25%); Hydrophilic Petrolatum, U.S.P. (3%); and Thimerosal[b] Ointment, N.F. (3%).

A popular brand of stearyl alcohol is commercially available under the tradename of Stenol (DuPont). Recently, a German product known as Dehydag Wax O has been widely advertised in this country. The stearyl alcohol (about 50%) contained in this product is said to conform in composition and purity to the specifications of the U.S.P.

A so-called emulsifying wax (mixture of cetyl and stearyl alcohols and a surfactant) has often been suggested for use in ointment, cream and lotion formulations. It is extremely interesting to note that a U.S. Patent was issued recently for a cream for use as a shaving cream, toothpaste, skin and hair treating cream, and sunburn preventive consisting of a dispersion having an aqueous continuous phase and comprising 2 to 3 per cent of a fatty alcohol component selected from the group consisting of cetyl and stearyl alcohols.

Myristyl alcohol is a white solid produced by fractionating a mixture of higher alcohols. Its high purity makes it of value wherever a closely controlled molecular weight is required in the finished product.

This substance has a melting point of 36°C., an iodine number of about one, and is insoluble in water, soluble in ether, and slightly soluble in alcohol.

Its interesting melting point combined with its excellent solvent properties for most lipstick dyes, makes myristyl alcohol a superior ingredient for lipsticks. Its melting point (virtually the same as the normal body temperature) suggests its use as a base for suppositories.[c]

Myristyl alcohol has unique emollient properties when applied to the skin, leaving the skin velvety and pliant, and it, therefore, is useful as an ingredient in medicated and cosmetic creams.

Oleyl alcohol,[d] a fairly viscous oily liquid, is a monohydric alcohol having one double bond. Its solubility is similar to or rather better than that of the saturated alcohols mentioned in this article. The preparation of a pure liquid fatty alcohol has not been easy to achieve and the presence of the unsaturated bond is a cause for this substance to darken on prolonged exposure to light and air.

Commercial oleyl alcohol may contain up to 10 per cent of cetyl and stearyl alcohols. There are also special brands

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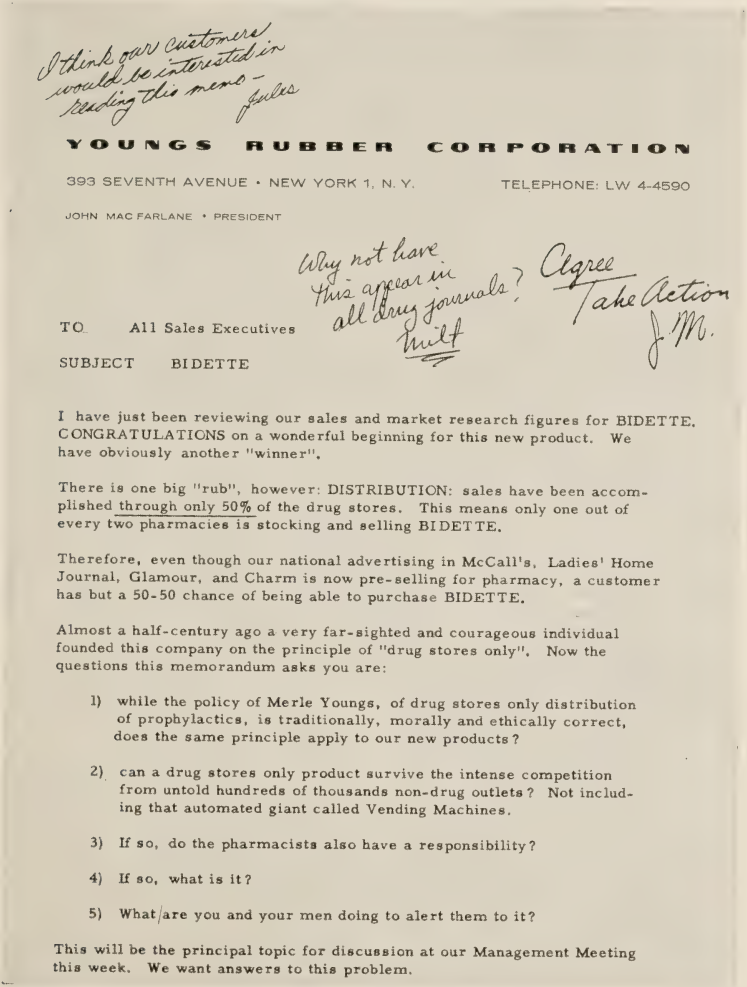
[b] Merthiolate (Lilly)

[c] however, a limited study in our laboratory seems to indicate that it is too brittle and breaks apart when used alone as a suppository base.

[d] formerly official in N.F. IX.

(Mr. Druggist, you didn't receive this.)



I think our customers would be interested in reading this memo - Jules

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Why not have this appear in all drug journals? Milt

Agree Take Action J.M.

TO All Sales Executives

SUBJECT BIDETTE

I have just been reviewing our sales and market research figures for BIDETTE. CONGRATULATIONS on a wonderful beginning for this new product. We have obviously another "winner".

There is one big "rub", however: DISTRIBUTION: sales have been accomplished through only 50% of the drug stores. This means only one out of every two pharmacies is stocking and selling BIDETTE.

Therefore, even though our national advertising in McCall's, Ladies' Home Journal, Glamour, and Charm is now pre-selling for pharmacy, a customer has but a 50-50 chance of being able to purchase BIDETTE.

Almost a half-century ago a very far-sighted and courageous individual founded this company on the principle of "drug stores only". Now the questions this memorandum asks you are:

1) while the policy of Merle Youngs, of drug stores only distribution of prophylactics, is traditionally, morally and ethically correct, does the same principle apply to our new products?

2) can a drug stores only product survive the intense competition from untold hundreds of thousands non-drug outlets? Not including that automated giant called Vending Machines.

3) If so, do the pharmacists also have a responsibility?

4) If so, what is it?

5) What are you and your men doing to alert them to it?

This will be the principal topic for discussion at our Management Meeting this week. We want answers to this problem.

of this substance available which are referred to as super-refined and deodorized[e], as well as cosmetic and pharmaceutical grades[f].

The following are some of the features of these fine grades of oleyl alcohol: produce a remarkable, pleasant, new "feel" in preparations applied to the skin; improves ease of application; leaves no sensation of excessive wetness or gumminess; and impart to the skin a feeling of smoothness, freshness, and suppleness which lasts.

Of pharmaceutical interest is a suppository formulation composed of 40-70 per cent oleyl alcohol and 30-60 per cent cetyl alcohol. It is claimed that this base may be stored for long periods of time yet retain a solid form at room temperature and melt at body temperature[g].

Having good solubility in ethyl alcohol, oleyl alcohol finds a direct use in hair lotions and hair preparations as a softening agent. It is also used as a solvent for dyes used in the manufacture of indelible lipsticks. The inclusion of small quantities of it in "beauty milks" improves their emollient properties and it is also used as a superfatting agent in liquid soapless shampoos. Minute quantities incorporated in mascara improve its lustre.

Poly-unsaturated fatty alcohols[h] have been suggested as a replacement for the familiar essential unsaturated fatty acids. They are considered digestible and non-toxic, offer ways to formulate pharmaceutical, cosmetic, and nutritional products which are an improvement over those made from the corresponding free fatty acids. Through digestion they are converted to the acids before utilization.

It has been further suggested that these products should add shelf life, palatability, emulsion stability, neutral pH characteristics, and other superior benefits to many formulations. By protecting the essential unsaturation through conversion to alcohols, the tendency to rancidity is reduced.

This type of a polyunsaturate should be useful in the preparation of a face cream which is a dry skin emollient intended to help skin regain its soft, unlined look, and for deeper and better penetration.

Formulae for typical preparations containing fatty alcohols are given herein as a guide: *Anti-infective Lotion*[i] —hexachlorophene 0.1%, cetyl alcohol 0.5%, isopropyl alcohol (70%) q.s.; *Ophthalmic Ointment Base*—white wax 1 part, cetyl alcohol 1 part, isopropyl palmitate 4 parts; *Skin "Food"*—lanolin 6-12%, cetyl alcohol 0.5-1.5%, shark oil 15-20%,propylene glycol 5-15%, glycerol mono-oleate 20-30%, and vitamins A and D; *Suppository Base*—cetyl alcohol 12 grains, sweet almond oil 18 grains; *Liquid Brilliantine*—oleyl alcohol 15 parts, white mineral oil 85 parts, perfume q.s.

A water-white, liquid saturated fatty alcohol[j] (composition not disclosed) is commercially available for use in dermatological preparations. It is said to be an excellent vehicle for lipoid soluble active ingredients, non-irritant, easy penetration through the epidermis, and almost odorless.

Also available, are synthetic fatty alcohols[k] which can be used as direct replacements for natural fatty alcohols derived from vegetable or animal origin. They duplicate the performance of natural fatty alcohols and are excellent

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[e] Novol, Croda, Inc., New York 10, N.Y.

[f] Aldol 85, Archer-Daniels-Midland, Minneapolis 2, Minn.

[g] this base suggested for a medication such as aminophylline

[h] Unadol 400 (approx. 53% linoleyl alcohol); Unadol (approx. 51% linolenyl alcohol); Archer-Daniels-Midland, Minneapolis 2, Minn.

[i] this formula also suggested for rapid destruction of the bacteria on a surgeon's hands or on the operative surface immediately prior to surgery, etc.

[j] trademarked Eutanol G

[k] known as Alfol alcohols

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emollients in cosmetic creams and bases.

It is extremely interesting to note that there is still some interest in the "natural" product spermaceti. For example, a cosmetic grade in flake form is available, which is said to have a coupling action for many systems resulting in stable emulsions and creams with a long shelf life.

Also, under the "new" in topical products, Carolate[m], a self-emulsifying spermaceti-amide with "the satiny feel" is available.

The following commercial products are formulated with some of the fatty alcohols presented in this paper:

ABSORBENT BASE[1] (oint)
ACI-DERMA[2] (lot)
ALLERCREME[2]
ALLERCREME[2] (lot)
ALVININE SHAMPOO[3]
CETAPHIL[1] (lot)
CORDRAN[2] (cream)
CORDRAN-N[2] (cream)
CORTISPORIN[2] (susp)
LUBRIDERM[2] (cream)
NUTRADERM[1] (lot)
PRAGMATAR[2] (oint)
PRO-BLEM[2] (liq)
SPOROSTACIN[2] (lot)
VIOFORM-HYDROCORT[4] (cream)

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[m] Robecco Chemicals, Inc., N.Y.-10, N.Y.

[1] contains cetyl and stearyl alcohols

[2] contains cetyl alcohol

[3] contains oleyl alcohol

[4] contains stearyl alcohol

Pharmacy In Europe

By Herman M. Kling

A 15,000 mile Pharmacy tour of Europe by jet, bus and foot in the fall of 1962, headed by Dr. Dan Davis, President of the Florida State Pharmaceutical Association, gave proof that pharmacy was not only an honored profession but enjoyed tremendous prestige all over the Continent. Professionalism is taken for granted by the chemists and apothecary shops of Portugal, Spain, France, England, West Germany, Switzerland, Austria and Italy. In each country visited, our pharmaceutical hosts greeted us with great warmth and enthusiasm. Our reception by European pharmacists made us very happy and proud.

In Lisbon, Portugal, we were amazed at its modernity. The elegant new buildings were made of fine tile and stone. Apartments were lined with flowers on balconies. Colorful tropical flowers were everywhere. Lisbon was as busy as any American big city. The teeming side walk cafes were doing a brisk business. The streets were spick and span. Restful fishponds filled with all sorts of tropical fish added a touch of color. Swans and ducks floated by in shady pools. No Lisbon native would think to molest things of beauty.

Pharmacy in Portugal is a respected profession. Pharmacists in immaculate white coats gave the shop a professional appearance. The shops were filled with the most modern and most ancient herbs and chemicals. Medicines that were used by our forefathers in America are still in every day use in Europe. Many drugs, such as penicillin and Achromycin, are sold over the counter without a prescription. Even mild narcotics are sold without prescription. Only original containers are dispensed on written prescription orders. Only potent items are written for and there are no refills. Pharmacy students are carefully selected and are given a stiff five year college course. On graduation, they are registered. There are no state board examinations. Pharmacies are open only eight hours daily and there is a siesta in the afternoon.

In warm, beautiful Madrid, Spain, we were welcomed by the Madrid Pharmaceutical Association, who gave the 21 American pharmacists the V.I.P. treatment. The Spanish pharmacies were more or less similar to the Portugese. Pharmacy students are assigned by the government to check and test water,

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milk, wine and vinegar. Drug buying is co-operative. The pharmacy association regulates its own affairs. There is also an eight hour day with a siesta. About 50% of the pharmacists are women. Parke, Davis and Company have a modern and beautiful drug plant here and supply Spain and Portugal and nearby territory. We were impressed by the Spanish cordiality and courtesy. We failed to see the slightest signs of juveniles running amuck. Punishment for crime here is sure, swift and severe.

On our arrival in Paris, France, the pharmacy group was given a heart-warming welcome by the Mayor's Committee at the Paris City Hall. The French government presented us with guest tickets for a trip up the Seine river. The French Pharmaceutical Association, represented by their Mons. Frank Arnold, an outstanding pharmacist, briefed the U. S. group. This was done at a conference with a question and answer period. A visit to the only American pharmacy in Paris made us feel at home. You could buy most anything there. The French pharmacists view this with some misgivings. Here in Paris pharmacies again, U. S. restricted drugs could be bought as freely as a pack of cigarettes. Only the most potent of drugs and chemicals are restricted to a prescription.

The Pharmaceutical Society of Great Britain in London, England, gave us a hearty reception. There was an immediate feeling of camaraderie as we had a common language. At a meeting was an interesting view of socialized medicine and pharmacy as practiced in Great Britain. While some pharmacies were a little more modern than we have seen, they still were strictly professional. The Burroughs Wellcome Company has a plant here, with an exceptional museum and library. The history of pharmacy in detail made the visit rewarding.

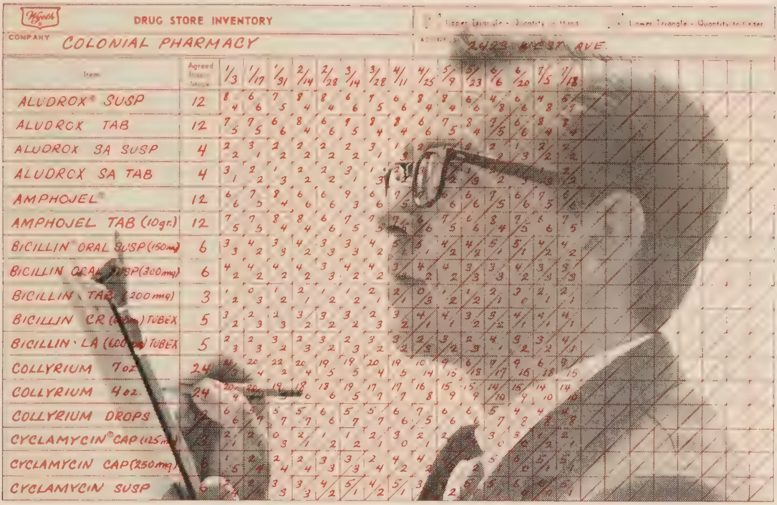
In the bustling, energetic city of Frankfurt, West Germany, we were met by Mr. Groeper, President of the Chamber of Commerce of Pharmacy for the State of Hessen. The apothecary shops in Frankfurt were well stocked and sparkling. Nowhere was there a soda fountain or toy to be seen in pharmacies. The shops were conducted in a dignified, professional manner.

In lush, rich and scenic Zurich, Switzerland, we were greeted by Dr. Weisflog of the Swiss Pharmaceutical Society. We viewed equipment in pharmacies that would be a credit to any American pharmaceutical plant. The Swiss pharmacy is a small manufacturing center. At a Swiss hospital pharmacy there was a huge amount of delicate and complex machinery used in making the products for hospital use. Again we wondered at their great use of old time drugs that fell in disuse long ago in America. Analysis of drugs and chemicals are done by pharmacists at the Swiss hospitals for the government.

The FIP Congress in Vienna, Austria, was opened by a 75 piece Viennese Symphony Orchestra and nationals from 40 countries lent an international flavor to the Assemblee Generale. The inspiring sight of about 2000 delegates associated with pharmacy swelled us with pride. Language was no barrier as earphones gave us a running interpretation. The sweeping panorama of the large group gathered to further the science of pharmacy was an unforgettable sight.

The pharmacies in Rome, Italy, surprised us with their blending of the old and the new. Some shops were adorned with sculpture and paintings of the great masters. Biblical herbs and drugs were in wide use. The pharmacies in the Eternal City were strictly professional.

Everywhere we went Pharmacy was recognized as a time honored and noble profession. Our friendly colleagues abroad gave us every opportunity to exchange useful information. The U.S. group received a broad education in culture, religion, pharmacy and diplom-



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AMPHOJEL TAB (10gr.)	12
BICILLIN® ORAL SUSP (150mg)	6
BICILLIN ORAL SUSP (300mg)	6
BICILLIN TAB (200mg)	3
BICILLIN CR TUBEX	5
BICILLIN-LA TUBEX	5
COLLYRIUM 7oz	24
COLLYRIUM 4oz	24
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acy. While American pharmacy differs a great deal from European pharmacy, the practice of pharmacy remains a prestige profession. Pharmacists all over the world were held in the highest esteem. The American group, under the expert guidance of Mr. Robert Ewen and his Spanish speaking wife, both pharmacists, directed the tour. Our conclusion was that pharmacy was a profession second to none.

PHARMACY

By John J. Thomsen*
(Dated April, 1862)

At the present day the word Pharmacy would not be regarded as a very flattering exponent of the profession, being derived from a Greek word signifying witchcraft, yet if we trace the word to its origin we find it honorable in the highest degree. The use of medicine may be said to be coeval with disease, and the beneficient and charitable object of its use endowed its patrons with a superhuman or priestly character, thus explaining why we find its earliest records among the temples.

In the remote ages the Chaldeans or priests of Assyria and the priests of Egypt appear to have had the keeping of learning and of medicine, with what proficiency in the latter however, history is not very clear. The remarkable resemblance which exists between the attributes of the Isis, Osiris, Thout of Egypt and the Apollo Minerva and Orpheus of Greece, leads us to the conclusion that much if not all the knowledge of medicine known in remote ages was possessed by the Asclypiades or descendants of Esculapius. The manipulations and soothing practiced by the priests of Cnidos and Cos developed electricity, and without knowing the cause they performed all the wonders of table moving, and received psycological revelations with as much facility as our modern mesmerizers. This together with observing the mysterious power of medicine to remove disease, explains why the imaginative Greeks attributed all to witchcraft, and called the art Pharmaceutic.

Pharmacy as a separate profession does not appear to have been practiced among any people previous to the Romans, and even among them the art as described by Celsus, was mixed, resembling that of the Surgeon Apothecary of the modern time.

It gradually began to assume a more distinct and definite form as the complicated and multifarious vegetable compounds of Galen and the chemical preparations of Paracelsus required labor for their productions. These preparations though very tedious and operose to produce, were not remarkably efficacious, and thus without much change Pharmacy lingered through the dark ages as mystery and superstition.

The true development of Pharmacy as a science may date from the introduction of Pharmacopoeias and Dispensatories in the 16th century, when approved formula for the preparation and composition of medicine were accurately described, and were sanctioned either to the credit attached to the individual author of them, or were enforced by the civil authority of the respective countries in which they appeared. The earliest book of this description which attained any degree of reputation was that of Valerius Cordus which was published in Nurenburg, 1542. Since that time most of the countries of Europe have had their own Pharmacopoeias, published under the authority of their respective governments. Numerous other Dispensatories have been compiled by private individuals at different periods, but in consequence of the great improvement continually made in Pharmacy—changes have been constantly introduced as these publications successively appeared—and the United States Dispensatory, 1858, may be regarded as containing all valuable information on Pharmacy up to the time of its publication.

The practice of Pharmacy is:

First—To select good and sound medicines, and to preserve them.

Second—To subject them to different operations, either to concentrate their virtues, separate their active principles, or to unite them into new forms, so as to render them more efficacious and convenient for practice.

Thirdly—To compound them and mix them for practice so as to be palatable and acceptable to the patient.

When we consider the numerous varieties of the same species of plants in nature and the primitive forms in which Medicines are presented, the duties and responsibilities of the Pharmaceutists become apparent. We can also appreciate the skill and knowledge requisite for a just and honest performance of these duties. A sense of honor and probity is preliminarily necessary to avoid the temptation to procure inefficient and worthless medicines, and a knowledge of Chemistry, Materia Medica and Botany to direct his judgment in selecting and procuring them. This proficiency must be the result of long and patient study, and though no longer of a ghostly character, the object is still the same, to relieve pain and suffering, and to restore lost health. Upon the probity and skill of the Pharmaceutist depends the reputation of the art.

* * *

*NOTE by Dr. B. Olive Cole.** John J. Thomsen was the first president of the Maryland Pharmaceutical Association.

Dr. D. M. R. Culbreth when describing conditions leading to the organization of the Maryland Pharmaceutical Association in an article prepared for the Association when he—Dr. Culbreth—was selected in 1933 as Honorary President of the Association, referred to the many endeavors of pharmacists to pass suitable pharmacy laws, and to the final united action of the pharmacists of the State to organize the State Pharmaceutical Association, through an invitation sent out by the Maryland College of Pharmacy.

In the article Dr. Culbreth designated the group "as no ordinary set of men", who as individuals possessed ability and aggressiveness, and stated that he always considered John J. Thomsen and Louis Dohme as the initial spirits in forming the Association, with Dr. Joseph Roberts and Professor Caspari, and many others, rendering valuable assistance.

Dr. Culbreth described President John J. Thomsen as a man large mentally and physically; well educated by reading, experience and travel at home and abroad; reserved, often preoccupied, but quickly reponded to those of special liking and interest; smooth roundish face, often florid; voice upper gamut, and audible laughter; quick in thought, movement and decision.

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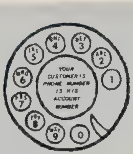
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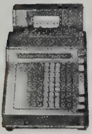

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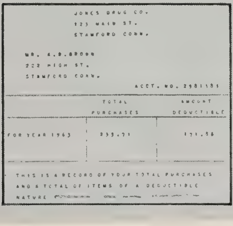

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	TOTAL PURCHASES	AMOUNT DEDUCTIBLE
FOR YEAR 1963	233.71	171.58

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THIRD ANNUAL DR. ROBERT L. SWAIN PHARMACY SEMINAR
Thursday, March 14, 1963

Pharmacists and allied members of the profession are invited to attend the Second Annual Dr. Robert L. Swain Pharmacy Seminar on Thursday, March 14, 1963, at the University of Maryland, Health Sciences Library Auditorium, Lombard and Greene Streets, Baltimore, Maryland.

The Annual Dr. Robert L. Swain Pharmacy Seminar has been established by the Maryland Pharmaceutical Association with a twofold purpose in mind.

First, to recognize the many years of service Dr. Swain has devoted to the profession of Pharmacy.

Secondly, the Maryland Pharmaceutical Association is striving to bring to pharmacists and the allied drug industry information of interest to all segments of the profession and the industry. Changing conditions and practices demand we meet in open forum to be brought up to date with newer knowledge and discuss pharmacy problems with experts. The Dr. Swain Seminar provides such an opportunity annually.

PROGRAM
THURSDAY, MARCH 14, 1963

MORNING SESSION

9:00 A.M.—Registration—Health Sciences Library Auditorium

9:30 A.M.—Call to Order—Nathan I. Gruz, Executive Secretary, Maryland Pharmaceutical Association

Welcome—Henry G. Seidman, Chairman, Swain Seminar Committee

Tribute to Dr. Robert L. Swain

Remarks—Victor H. Morgenroth, Jr., President, Maryland Pharmaceutical Association

Presentation of Speakers—Dr. Noel E. Foss, Dean, University of Maryland School of Pharmacy, Moderator

Guest Speakers:

George P. Larrick, Commissioner of Food and Drugs, Department of Health, Education and Welfare, "Revisions In The Federal Food, Drug and Cosmetic Act".

Dr. Ralph F. Shangraw, Assistant Professor of Pharmacy, University of Maryland School of Pharmacy, "Timed Release Pharmaceuticals".

12:30 P.M.—Lunch—University of Maryland Baltimore Union Cafeteria, 621 West Lombard Street

AFTERNOON SESSION

1:30 P.M.—Call to order—Nathan I. Gruz, Secretary, Maryland Pharmaceutical Association

Presentation of speakers—Henry G. Seidman, Moderator

Guest Speakers:

Dr. Milton S. Sacks, Professor of Medicine, University of Maryland, School of Medicine: Head of Division of Clinical Pathology, University Hospital, "Blood Dyscrasias And Other Side Effects Of Drugs".

Dr. Linwood F. Tice, Dean, Philadelphia College of Pharmacy and Science, 'Professional Responsibilities and Pharmaceutical Ethics".

4:00 P.M.—Summation—Nathan I. Gruz

Adjournment

NOTE: A discussion period will follow each speaker. Questions from the audience may be presented either in writing or orally.

BE INFORMED — ATTEND THE DR. ROBERT L. SWAIN PHARMACY SEMINAR

Pre-Registration Fee—$5.00 per person—Includes Parking—Lunch—Attendance Certificate (You may register at the time of the Seminar but Parking Facilities are provided only for those who Pre-Register. Fee as above.)

Partial Registration Fee—$3.00 per person—You may attend either the morning or afternoon session for a fee of $3.00. This includes Parking for those who pre-register only, but does not include lunch and the Attendance Certificate.

Pre-Register and avoid standing in line and parking inconvenience. All tickets will be mailed prior to the Seminar.

Mail Check to
Maryland Pharmaceutical Association
650 W. Lombard Street, Baltimore 1, Maryland

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Schick Blades and Razors
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NEWS ITEMS . . . . . .

Baltimore Metropolitan Pharmaceutical Association Installs Officers For 1963

The officers of the Baltimore Metropolitan Pharmaceutical Association for 1963 were installed at a dinner meeting on January 17, 1963 at the Alcazar.

Officers

Bernard R. Hendler—Honorary President.
Aaron M. Libowitz—President
John F. Neutze, 1st Vice President.
Irving I. Cohen—2nd Vice President.
Marion R. Chodnicki—3rd Vice President.
Jerome A. Staffman—4th Vice President.
Nathan I. Gruz—Secretary.
Melville Strasburger — Secretary Emeritus.
Charles E. Spigelmire—Treasurer.
Frank L. Black—Treasurer Emeritus.

Executive Committee

Jerome J. Cermak—Chairman

Serving for a two year term: Donald O. Fedder, William Y. Kitchin, Joseph H. Morton, Jacob L. Richman.

Serving for one year term: Joseph L. Okrasinski, Morris Shenker, Myer Stoler, Ferdinand F. Wirth, Jr.

Ex-Officio—Francis S. Balassone.

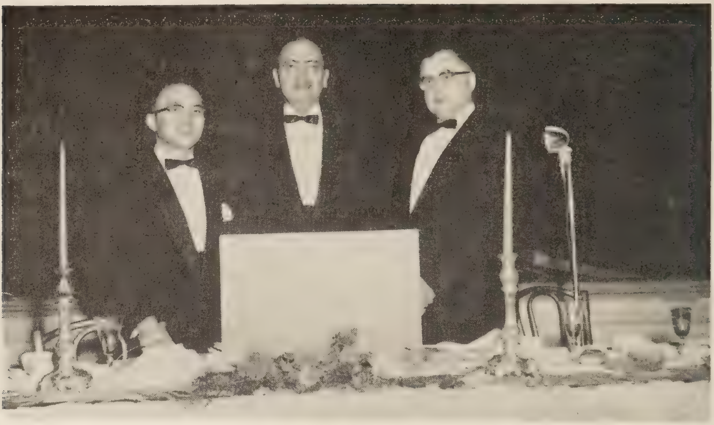
Past President Jerome J. Cermak was awarded a plaque in recognition of his devoted service to pharmacy. The highlight of the evening was a stimulating and inspiring address by Dr. George F. Archambault, President of the American Pharmaceutical Association. His address will be printed in the next issue and is must reading for every pharmacist.

Aaron M. Libowitz President Of B.M.P.A.

Aaron M. Libowitz, an energetic and tireless organizational worker, was elected president of the Baltimore metropolitan Pharmaceutical Association for 1963.

He is a native of Baltimore, graduating from Baltimore City College in 1928. He received his Ph.G. degree from the University of Maryland School of Pharmacy in 1932 and returned to receive his B.S. degree in Pharmacy in 1936.

Left to Right: Jerome A. Stiffman — 4th Vice President; Marion R. Chodnicki — 3rd Vice President; Irving I. Cohen — 2nd Vice President; John F. Neutze — 1st Vice President; Aaron M. Libowitz — President; Nathan I. Gruz — Secretary; Bernard R. Hendler — Honorary President; Charles E. Spigelmire — Treasurer.



Left to Right: Nathan I. Gruz, Secretary; Aaron M. Libowitz, President; Dr. George F. Archambault, President of the American Pharmaceutical Association.

For the past 25 years, Mr. Libowitz has been the owner of Libby's Rexall Pharmacy on Belair Road in Baltimore. He has been serving as the president of the Belair Road Pharmacists' Council, a group that foster cooperative action between pharmacists in the Belair Road area.

Mr. Libowitz is a member of the Executive Committee of Maryland Pharmaceutical Association. He serves as the Chairman of the Trade Relations Committee, which last year inaugurated the first Simon Solomon Pharmacy Economic Seminar.

He is also a member of the American Pharmaceutical Association, N.A.R.D. and the University of Maryland School of Pharmacy Alumni Association. He is the Chairman of the 1963 Alumni Ad Book.

He is also recognized for his outstanding professional window displays.

Aaron Libowitz has the distinction of being the first pharmacist elected to the Executive Board of the Maryland Tuberculosis Association.

Mr. Libowitz is married to the former Ida Rosen. They have three children: Mrs. Carol Buglio; Suzanne, student at the University of Maryland School of Pharmacy; and Michael, a senior at Baltimore City College.

B.M.P.A. Committees For 1963

Arrangements & Attendance Committee: Joseph L. Okrasinski, Chairman; Walter P. Macek, Vice-Chairman; Jerome A. Stiffman, Myer Stoler, Charles W. Feldman, Anthony J. Petralia, William S. Karr, Ferdinand F. Wirth, Jr., Theodore H. Schwartz, Max B. Meyers, Paul Freiman, Louis L. Glaser, Mrs. Dorothy B. Austin.

Program Committee: Jerome A. Stiffman, Chairman; Joseph L. Okrasinski, Vice-Chairman; Charles J. Neun, Alfred Abramson, Joseph Carmel, Morris Shenker, Michael F. Gardner, Hershel Cohen, Donald M. Rosen, Abraham E. Glaser.

Professional Relations Committee: Stephen J. Provenza, Chairman; Morris Bookoff, Vice-Chairman; Charles E. Spigelmire, Jerome Mask, Morris L. Cooper, Donald O. Fedder, David New-

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Auditing Committee: Joseph U. Dorsch, Chairman; Sam A. Goldstein, Vice-Chairman; Herman B. Drukman, Gregory W. A. Leyko, Frederic T. Berman.

Drug & Merchandise Committee: Donald O. Fedder, Chairman; Stanley J. Yaffe, Vice-Chairman; Joseph U. Dorsch, George J. Stiffman, Anthony J. Petralia, Nicholas C. Lykos, Milton Goldberg, Jack Oken, Milton E. Zentz.

Social Committee: Bernard Cherry, Co-ordinating Chairman; John F. Neutze, Chairman; Irving I. Cohen, Vice-Chairman; Charles J. Neun, Charles E. Spigelmire, Alexander J. Ogrinz, Jr.

Legislative Committee: Jacob L. Richman, Chairman; Gregory W. A. Leyko, Vice-Chairman; Edward C. Maisenhalder, Milton L. Brownstein, Max A. Krieger, George J. Stiffman, Andrew T. Cavacos, John F. Neutze, Simon Solomon, Daniel A. Santoni, Marion R. Chodnicki, William Y. Kitchin, Jerome Mask, Stanley J. Yaffe, Louis Davidov, Ben H. Macks, Harry Bass, Morris Walman, Phillip Richman, Donald O. Fedder.

Nominating Committee: Jerome J. Cermak, Chairman; Sam A. Goldstein, Gregory W. A. Leyko, Herman B. Drukman, Victor H. Morgenroth, Jr., Bernard Cherry.

Publicity Committee: Charles E. Spigelmire, Chairman; James P. Cragg, Jr., Vice-Chairman; Frank J. Macek, Stephen J. Provenza, Victor H. Morgenroth, Jr., Jerome A. Stiffman, Myer Stoler, George J. Stiffman, Simon Solomon, Albert F. Turner, Edwin Whittemore, Irvin Freed, Anthony G. Padussis, Frank L. Black, Michael F. Gardner, Nelson G. Diener, Louis Lindenbaum, David Karlin.

Membership Committee: Irving I. Cohen, Chairman; Marion R. Chodnicki, Vice-Chairman; Myer Stoler, Donald O. Fedder, Jerome Mask, George J. Stiffman, Joseph U. Dorsch, M. Alfred Kolman, Wilfred H. Gluckstern, Morris Shenker, Solomon Weiner, Nelson G. Diener, Maurice T. Cummings, Philip Vodenos, Sidney Zerwitz, Philip Richman, Godfrey Kroopnik.

Political Information Committee: Simon Solomon, Chairman; Gordon A. Mouat, Vice-Chairman; Jacob L. Richman, Morris Walman.

Insurance Committee: Sam A. Goldstein, Chairman; Alexander J. Ogrinz, Jr., Vice-Chairman; Ben Beitler, Douglas W. Holtschneider, Harvey G. Silberg, Leon P. Levin, Frank J. Macek, Albert M. Silverman, Albert F. Turner, Milton H. Feldman, Samuel Gelblum.

Pharmacy Committee: Irvin Kamenetz, Chairman; David Lebson, Vice-Chairman; Mathias Palmer, Joseph Freiman, Sylvan J. Sollod, Louis Lindenbaum, Frank Block, Henry G. Seidman, Melvin J. Oleszczuk, James J. Mallonee, Jr., Maurice Wiener, Harry Bass, William C. Rossberg.

Civil Defense Committee: Jerome Block, Chairman; Myer Stoler, Vice-Chairman; Jonas J. Yousem, Morris Shenker, Herbert J. Leavey, Elwin H. Alpern, Abraham M. Levy, Charles P. Price, Joseph V. Brazius, Eugene Jacobs, Harry L. Rochester, Felix H. Kaminski, Irving F. Zerwitz, Henry A. Santoni, Noel J. Bosch, Sidney Sussman.

Bulletin Committee: Herman B. Drukman, Chairman; John F. Neutze, Vice-Chairman; Dennis Smith, Myer Stoler, Jerome A. Stiffman, Jacob L. Richman, Edward Fainberg, Nicholas C. Lykos, Herman M. Kling, Milton A. Sarubin.

Past Presidents Committee: Jerome J. Cermak, Chairman; Sam A. Goldstein, Vice-Chairman; All past presidents.

Public Information Committee: Jacob L. Kronthal, Chairman; Hyman Davidov, Vice-Chairman; I. Jack Parks, Donald O. Fedder, Anthony G. Padussis, Charles E. Spigelmire, Edward Fainberg, James P. Cragg, Jr., Charles J. Neun.

Budget & Finance Committee: Gregory W. A. Leyko, Chairman; Donald O. Fedder, Vice-Chairman; Joseph U. Dorsch, John F. Wannenwetsch, Jerome A. Stiffman, Jerome Mask, Charles E. Spigelmire, Herman B. Drukman, Stephen J. Provenza, Sam A. Goldstein.

Newsletter Advisory Committee: Jerome J. Cermak, Chairman, Executive Committee; Aaron M. Libowitz, President; Nathan I. Gruz, Secretary.

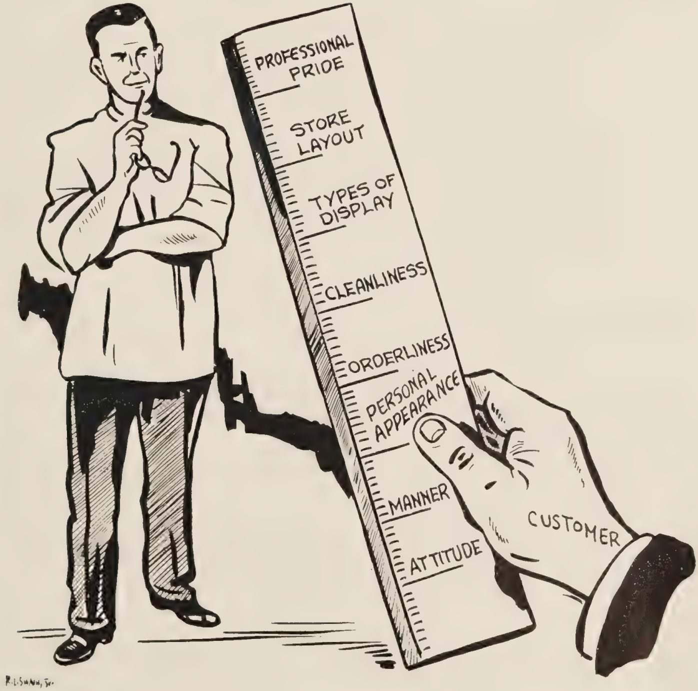
Industrial Pharmacy Committee: Marion R. Chodnicki, Chairman; John F. Neutze, Vice-Chairman; All Medical Representatives.

Pharmacy Week Committee: Morris L. Cooper, Chairman; Morris Bookoff, Vice-Chairman; Stephen J. Provenza, Charles E. Spigelmire, Robert E. Thiess, Michael Marcus, Frederic T. Berman, William A. Seechuk, Herbert J. Leavey.

Trade Relations Committee: Joseph H. Morton, Chairman; Charles H. Wagner, Vice-Chairman; James P. Cragg, Jr., William L. Pearlman, Elwin H. Alpern, Norman J. Levin, Irvin Shure, H. Jack Elbon, Edward Fainberg, Bernard B. Lochman.

Code of Ethics Committee: Morris Shenker, Chairman; Irving Freed, Vice-Chairman; Jacob L. Richman, Gregory W. A. Leyko, Jerome Mack, Charles A. Nitsch, C. Edward Pfeifer, Jr., Walter P. Macek, I. Barry Statter, David Greenfeld.

Recreation Committee: Myer Stoler, Chairman.



Baltimore Metropolitan Pharmaceutical Association

OFFICERS 1963

Honorary President—BERNARD R. HENDLER
President—AARON M. LIBOWITZ
1st Vice President—JOHN F. NEUTZE
2nd Vice President—IRVING I. COHEN
3rd Vice President—MARION R. CHODNICKI
4th Vice Presodent—JEROME A. STIFFMAN
Secretary—NATHAN I. GRUZ
Secretary Emeritus—MELVILLE STRASBURGER
Treasurer—CHARLES E. SPIGELMIRE
Treasurer Emeritus—FRANK L. BLACK

EXECUTIVE COMMITTEE

Chairman--JEROME J. CERMAK

Still Serving 1 year	**Elected for 2 yr. term.**
JOSEPH L. OKRASINSKI	DONALD O. FEDDER
MORRIS SHENKER	WILLIAM Y. KITCHIN
MYER STOLER	JOSEPH H. MORTON
FERDINAND F. WIRTH, JR.	JACOB L. RICHMAN

Ex-Officio—FRANCIS S. BALASSONE

President's Message
Baltimore Metropolitan Pharmaceutical Association

I wish to thank you for the confidence and support shown me by electing me president of the Baltimore Metropolitan Pharmaceutical Association. I shall to the best of my ability provide you with adequate leadership for the next twelve months.

The public's image of pharmacy seems to be disintegrating rapidly. The more the public's once high impression of us falls apart, the easier it becomes for all types of competition to move in on our primary asset—the prescription department. Your dues were raised this year to stop this trend. Plans have been laid for a dynamic "Public Relations Program."

In an era of "bigness" in retailing, the great hope of independent pharmacists, particularly in their competitive battle with mass merchandising discount sellers, lies in the constant advancement of their professional status.

All committees have been appointed for the year. Each committee-man has been advised of his appointment. The committees are now at work striving to serve the members of the Association. You can do your part by attending meetings and participating in them.

The Annual Banquet and Dance will be held on Sunday, March 24, 1963 at the Lord Baltimore Ballroom. This event is on a Sunday night by popular demand. Tickets are $10.00 per person. It is important to make reservations early. Mail your check to Bernie Cherry — 4627 Harford Road for reservations and seating. A giant plunder box free for dues paid members.

If I can be of any help to you, do not hesitate to call or write me.

Sincerely,

A. M. LIBOWITZ
President

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10th Anniversary Kelly Memorial Building

January 1963 marks the 10th Anniversary of the Kelly Memorial Building, headquarters building for the profession of pharmacy in Maryland.

The handsome brick structure contains the administrative office, office of the Executive Secretary, conference room, library and meeting hall.

The foyer contains a bust of Dr. E. F. Kelly rendered by the distinguished sculptor, Henry Berge. Dr. Kelly, who served as Dean of the University of Maryland School of Pharmacy and Secretary of the Maryland Pharmaceutical Association, achieved lasting fame as Secretary of the American Pharmaceutical Association until his death in 1944.

The Kelly Memorial Building continues to provide outstanding facilities for the Maryland Pharmaceutical Association, Baltimore Metropolitan Pharmaceutical Association, the Alumni Association of the University of Maryland School of Pharmacy and other groups in pharmacy.

LAMPA NEWS

Spring is nearing and the LAMPA members have three important events on the way.

The Regional meeting heads our list. This will be held on April 18, 1963 at the Washingtonian Motel and Country Club, located near Gaithersburg in Montgomery County, Maryland.

LAMPA'S Annual Luncheon will be our second big event this Spring, held on Tuesday, May 21, 1963 at the Sheraton-Belvedere Hotel in downtown Baltimore. This luncheon will celebrate LAMPA'S Tenth Anniversary.

OUR CONVENTION — the grandest event of the year will be held at the Colony Resort Motel in Atlantic City, New Jersey, from Monday, June 24th through Thursday, June 27th. During this week LAMPA will have it's annual meeting and election of offices.

Keep these dates in mind and try to attend them all. LAMPA'S President and other officers will be on hand to welcome you and your guests.

SADYE M. FRIEDMAN
(Mrs. Milton A. Friedman)
Publicity Chairman

Hospital Pharmacy Residency

The University of Maryland's School of Pharmacy and Hospital are pleased to present a combined Graduate Study-Residency Program in Hospital Pharmacy, leading to the Master of Science degree and a Certificate of Residency in Hospital Pharmacy.

Appointments to the residency are for a period of two academic years beginning each July 1. During the academic year, the resident divides his time between hospital pharmacy and graduate study. Full time training in University Hospital will be required during the summers of 1963 and 1964. University Hospital will provide a stipend of $2600 per year for the first year as Assistant Resident. Completion of the Assistant Residency leads to appointment as Resident with a stipend of $3400 per year. Parking space, uniforms and laundry of uniforms are free of charge.

Acceptable hospitalization insurance must be carried and Blue Cross is available as a payroll deduction

Applicants must be graduates of accredited colleges or schools of pharmacy and have all prerequisites for admission to the graduate school.

There is no formal application blank. All applicants are requested to submit full details: date and place of birth, citizenship, health, marital status, education, pharmaceutical experience, a small recent photograph and an official transcript of undergraduate work completed to date. He should also ask his Dean and two of his college faculty to write to the Director of University Hospital in support of his application.

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Austin's
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Austin's
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The required information should be submitted prior to April 1, 1963. All applicants will be notified May 1, 1963.

The application should be addressed to Lad F. Grapski Director, University of Maryland Hospital, Baltimore 1, Md.

Youngs Rubber Holds Management Seminar

Youngs Rubber Corporation held a Management Seminar in New York from December 26th through December 31st, 1962. This meeting was conducted by the company's staff management, under the direction of Mr. John C. MacFarlane, President. In attendance was the complete field management force from the United States and Canada.

A comprehensive agenda was covered including major discussions on the following subjects:

The need for additional drugstore prophylactic legislation and enforcement, and the importance of quality prophylactics as a protection to the morals and health of the country.

The importance of prophylactics to Pharmacy as a sales and profit builder.

ATHA - SPRAY, ATHA - POWDER and BIRDETTE . . . new YOUNGS products available for distribution through drugstores only.

Can new products with distribution to drugstores only survive?

1. The manufacturers' responsibility
2. Pharmacy's responsibility

The increasing consumer acceptance and demand for lubricated prophylactics.

Nathan I. Gruz, Executive Secretary of the Maryland Pharmaceutical Association and Secretary of the Baltimore Metropolitan Pharmaceutical Association, has been elected Secretary of the Eastern States Pharmaceutical Association Secretaries Council.

Meisner Heads Eli Lilly Government Sales

MILTON L. MEISNER

Milton L. Meisner has been named by Eli Lilly and Company as director of the newly created government sales division, effective January 1. At present manager of the Washington district, he will be succeeded by Solomon J. Cohen, who represents the firm in Philadelphia.

The new position has been created to co-ordinate the activities of Lilly salesmen throughout the country who call on federal institutions and agencies. Meisner's office will remain in Washington.

A native of New York City, Meisner was graduated from DeWitt Clinton High School in 1924 and from the Fordham University College of Pharmacy in 1928. He joined Lilly as a salesman in New York City in 1931 and was transferred to Washington as district manager in 1955 after several years as a district manager in New York.

He is a member of the American Pharmaceutical Association, Maryland

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Were you one of the hundreds of pharmacists in the Maryland area that started writing money orders the North American way last year? You have good reason to be proud of yourself! You selected the most dynamic outfit in the field—the one who offered the most for you. You've received a high rate of commission all year long; you've gotten real behind-the-scenes help with a smooth-working organization that keeps mistakes at a minimum; you've gotten the sort of point-of-sale advertising sendoff you need to let your customers know you sell money orders. And you've even received terrific help in new, efficient machinery that cuts checkwriting time to an absolute minimum. If you were one of the few who didn't make the switch to North American—don't let this year see you mired in check-writing problems. Join the North American team today!

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Pharmaceutical Association, and the Sales Executives Club, of Washington, and is a fellow of the New York Academy of Pharmacy.

Cohen has spent a year in Philadelphia after seven years with Lilly in Miami. A native of Maine, he was graduated from Rockland High School in 1939 and received a Bachelor of Science degree in pharmacy from the University of Texas in 1950. He is a member of Alpha Zeta Omega, pharmacy recognition society.

10c BOOKLET SAVES TAX DOLLARS

MEDICAL EXPENSE RECORD BOOK is compact, easy to use—allows plenty of space to keep track of family medical expenses for a full year. Has pages for recording the cost of doctors dentists, hospitals, drugs, optomerists, health insurance and all other medical expenses. Handy summary gives you all the information you'll need to fill out your tax form and provides proof of your deductions. Single copies 10c—16 pp. Send stamped, self-addressed envelope to HANDI-FACTS BOOKLETS, 160 Oak Drive, Syosset, L. I., N.Y. Also available in quantity, imprinted as give-away advertising.

WE GET WHAT WE DESERVE

The *government* a people gets is the government it deserves.

The professional *association* a group gets is the association its members deserve.

Pharmacists will get the kind of association they deserve as demonstrated by their actions, support, participation and conduct.

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STAMP MACHINES!
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The B.M.P.A Extravaganza of 1963

47th ANNUAL BANQUET AND DANCE

BALTIMORE METROPOLITAN PHARMACEUTICAL ASSOCIATION

LORD BALTIMORE HOTEL

Sunday, March 24, 1963–6:30 P.M. 'til?

Continuous Dance Music

Wonderful Door Prizes

Favors for All

VALUABLE MERCHANDISE BOXES FOR DUES PAID MEMBERS

The Greatest Evening of Surprises Yet

Aaron M. Libowitz, President	John F. Neutze, Chairman
Charles E. Spigelmire, Treasurer	Irving I. Cohen, Vice-Chairman

---

Only a Limited Number of Tickets left

Make an Early Reservation

CALL: BERNIE CHERRY, 4627 Harford Road

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Tickets: $10.00 per person—tables of ten

Includes all gratuities

Quackery Exploiting Older Citizens

Frauds, quackery, and other schemes designed to exploit the older citizen will be investigated by the United States Senate Special Committee on Aging at hearings in Washington, D. C., starting in January, Senator Pat McNamara, Committee Chairman, announced.

"The old-time medicine show pitchman has been replaced by the sophisticated promoter and quack. Nationally advertised promotions have taken over the 'town-to-town' side show pitch," Senator McNamara said.

"Arthritis sufferers alone spend more than 250 million dollars each year on misrepresented drugs, devices and treatments, and the cost of unnecessary or dangerous medications probably exceed one billion dollars each year," he said. He noted it is estimated that 500 million dollars is spent on the so-called "health food" quackery.

"Consumer protection has become a growing public concern," he said.

"The senior citizens suffer more tragically than do their younger counterparts. Their life savings, spent on ineffective 'cures,' false retirement schemes, worthless land, etc., can never be redeemed in waning years. The sorrow of financial loss pales in comparison to the heartache of the older person who has placed his faith in the false 'cure' or the empty promise," Senator McNamara emphasized.

"I have been informed," the Senator said, "there have been no congressional hearings specifically and extensively on quackery and nostrums. Certainly the consumer needs and is entitled to more information.

"I hope the hearings and the report of the Committee will fill part of this need. If so, it will fulfill what I believe to be the important function of bringing government closer to the people by keeping them well informed. Increased consumer protection is a must," the Senator continued.

Senator McNamara suggested that new legislation might be necessary.

"Whatever the need, something must be done. We hope to explore all possibilities," he said.

Federal agencies, representatives of State and local law enforcement officers and consumer and professional groups, including the American Medical Association, Consumer's Union and the Better Business Bureau have been invited to testify at the hearings.

PHARMACIST FAVORS WHOLESALER—In an interview between JACK DAVIDSON, VP of Frisco Pharmacy, Inc. of Joplin, Mo., and FRAZIER CHESTON, Distribution Dir. of Smith Kline & French, which was reported in the SK&F *Pharmacy News* recently, Mr. DAVIDSON said, "There are a number of reasons (why I favor the wholesaler) but the most important is the fact that I can hold down the size of my inventory by using a wholesaler. In effect, the wholesaler warehouses for me and I can draw on his stock whenever I need drugs. With direct accounts, I am forced to carry an unnecessarily large inventory because of such things as minimum purchasing requirements. This ties up my money, reduces my stock turnover, and ultimately cuts my profit because direct buying savings generally do not offset these 'overhead' expenses."

M. P. A.

REGIONAL MEETING

WASHINGTON COUNTRY CLUB

Gaithersburg, Md.

APRIL 18, 1963

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Bureau For The Advancement of Independent Retailing Succeeds Bureau Of Education On Fair Trade

Aims and Purposes are Basis for Major National Program.

A new name, replacing that of the Bureau of Education on Fair Trade, was announced by Willard B. Simmons, Executive Secretary of the National Association of Retail Druggists and chairman of BEFT and the new organization

Succeeding BEFT is the Bureau for the Advancement of Independent Retailing, Mr. Simmons said.

The aims and purposes of the Bureau for the Advancement of Independent Retailing, Mr. Simmons said, are:

"To advance and promote the public welfare by encouraging and fostering independent retailing as a method of distribution based upon honest, economic and efficient service to the consumer;

"To gather and correlate information respecting independent retailing and its contributions to the public interest, including the interest of the American free enterprise system;

"To carry on education in the economic and social concepts implicit in independent retailing;

"To distribute publications and publicity of every kind, nature and description touching upon the values and contributions of independent retailing;

"To foster and encourage independent retailing by aiding in the improvement of its standards of service and of operation;

"To develop an understanding by the public and by government of the problems of independent retailing as a basis for lawful constructive actions, both public and private, that will contribute to the advancement of independent retailing."

Mr. Simmons said that the new Bureau will conduct an extensive program in the furtherance of its aims and purposes.

"We appreciate that there is very much we can ourselves do in the advancement of independent retailing. We also know Congress can help by enacting legislation that provides an atmosphere of fair competition in which the efficient independent retailer can compete, live and prosper."

Maurice Mermey, director of BEFT, is director of the Bureau for the Advancement of Independent Retailing.

Pharmacy Employment Service

The Maryland Pharmaceutical Association maintains a registry of pharmacists seeking employment and names of employers seeking pharmacists as a service to its members.

Both employers and pharmacists available for positions are urged to use the professional placement services of the Association office. Write or telephone SA 7-0746.

The appointment of Paul A. Pumpian of Milwaukee, Secretary of the Wisconsin State Board of Pharmacy, as Chairman of the Law and Legislative Committee of the International Narcotic Enforcement Officers Association was announced by Martin Niswonger of Frankfort, Kentucky, President of the Association.

Pumpian, who is both a pharmacist and an attorney is charged with administering Wisconsin's Drug and Narcotic Laws. He is currently serving as Chairman of the Committee on Legislation of the National Association of Boards of Pharmacy and as a member of the Drug Law Committee of the American Bar Association. He has served as Chairman of the American Pharmaceutical Association's Section on Education and Legislation and as a member of the Association's Committee on Legislation.

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Noxzema Opens Second Annual "High School Cover Girl" Contest

A nationwide search for the High School Cover Girl of 1963 is now being conducted by the Noxzema Chemical Company in behalf of its Cover Girl Make-up brand. The contest is being held in cooperation with Co-Ed, a magazine for high school students, to find the teenager who best typifies the personality, charm and grooming of today's high school girl.

The High School Cover Girl title winner will receive a $100 Savings Bond, an all-expense paid week-end in New York with chaperone, and will be photographed in color for the cover of the September '63 issue of Co-Ed magazine.

Any girl enrolled in junior or senior high school in the United States or its territories is eligible to submit two photographs, one full length, the other close-up, together with a statement in 50 words or less on "Why grooming is important to high school girls." Judges will be Margaret Hauser, editor of Co-Ed magazine; Richard Avedon, noted cover girl photographer, and one of America's top cover girls, to be named later. Entries may be mailed to: High School Cover Girl Contest, Box 1644, New York 17, New York. The entrant's name and address should appear on the back of each photo and on the statement, none of which can be returned. The deadline for contest entries is April 15, 1963.

The High School Cover Girl contest focuses additional attention on Noxzema's highly successful make-up brand as the make-up of Cover-Girls. This theme is carried out in the company's multi-million dollar advertising campaign in magazines, supplements and on television which features leading models who are name and quoted as Cover Girl users. Last year's contest winner was Norma Schraeder of Wichita, Kansas

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Available to retail pharmacy owners or managers is a service which is unique in the field of business enterprise. Few, if any, other lines of retail trade have access to anything comparable to the Lilly Analysis Service.

To conserve a proprietor's time, to simplify his management problems, to help him operate more efficiently, and to assist him in making better-informed managerial decisions are but a few of the reasons why the Lilly Analysis Service is offered as a management counseling service. All proprietors are invited to take advantage of this free and *confidential* service offered in the interests of sound management.

A new, permanently bound folder protects the personalized analysis report. It includes the electronically prepared summary page, typed comments, and, whenever indicated, suggestions for improvement.

Better-informed managerial decisions can be made from the wealth of detailed information made possible by electronic computers. Summarized are the dollar and percentage amounts of the income and expense items, usual averages, and sales and prescription trends.

Proprietors will be in a better position to operate even more efficiently when they know how their operations compare with those of many similar-type stores.

Constructive suggestions are offered, when indicated, to help bring above-average expenditures or investments into proper relationship to sales.

An analysis report is available. It may be worth hundreds or even thousands, of dollars if measured in terms of increased operating efficiency. On the whole, participants who have reported annually have improved their status and their results have been superior to the operations of those who reported for only one year.

All operating figures remain confidential because they are sent directly to the Lilly Retail Pharmacy Operations Clinic and are seen only by the staff. When an individual analysis report is desired and an address is provided, the report is mailed directly from Indianapolis to the address specified.

To receive an analysis report of your operations, send the financial statements and prescription department figures for the business year to the Lilly Retail Pharmacy Operations Clinic, Eli Lilly and Company, Indianapolis 6, Indiana.

Plan now to participate in this worthy service. The valuable assistance you will receive may help you pave the way to additional profits.

H.I.F. REPORTS INFANT DEATHS AT RECORD LOW

New record lows for the infant mortality rate were established in 1960 and again in 1961 — 25.7 and 25.3 deaths per 1,000 live births respectively.

As many as 1 in 10 American babies born in 1915 died before their first birthday. But the proportion is now down to about 1 in 40, a reduction of nearly 75 per cent. Moreover, the Health Information Foundation reported today, the decline in infant mortality will probably continue.

In the September-October issue of **Progress in Health Services,** its statistical bulletin, the Foundation traces the diminishing hazards of infancy from the time of World I to the present.

The greatest advances during this time have been made against the infective and parasitic diseases, respiratory conditions, and digestive diseases, the Foundation reported.

The bulletin noted " a particularly sharp drop to 33.8 deaths per 1,000 live births during the first year following World War II, probably a result of the newly widespread use of penicillin by civilians and the extensive application of DDT." After 1946 the general downward trend continued until 1957. Then the Asian influenza epidemic of 1957-58 raised the mortality rate, but the downward trend continued after 1958.

NOW YOU CAN SERVE HOT IN-FRA-RED TOASTED SANDWICHES WITHOUT EQUIPMENT OR LABOR COST!

A NEW NATIONAL SERVICE, Stewart In-Fra-Red, Inc., will provide you with a Stewart In-Fra-Red cookery and fresh cellophane wrapped sandwiches delivered regularly to your store. Placed in the cookery, the sandwiches are toasted in three mintutes by modern efficient in-fra-red cooking. You serve the sandwiches to your customers sanitarily wrapped in cellophane.

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The sexes have not benefited equally from the decline, the bulletin said. Some 29 per cent more male infants died than female infants.

Proportionately more nonwhite infants died than white infants, although, over the years, the nonwhite infant mortality rate has shown a more substantial decline than the white rate.

Infant mortality rates are currently lowest in the West North Central and New England areas. The Pacific area (including Alaska) is third, followed by the more heavily industrialized East North Central and Middle Atlantic areas. The bulletin also said that the highest rates in the nation are in the South Atlantic states and the East South Central states.

The state with the best record is Utah, followed closely by Minnesota and Iowa. The bulletin noted that Utah's rate of 20 infant deaths per 1,000 live births is the lowest ever recorded for the entire population of any state.

The Foundation cautioned that much remains to be accomplished. As George Bugbee, Director of the Foundation, pointed out:

"If the level of survival attained in Utah — the state with the best record — had been attained throughout the country last year, for instance, some 27,000 more infants would have lived."

"Future reductions in infant mortality will inevitably be less dramatic than those of the past," Mr. Bugbee added, "simply because much has already been accomplished, but they will be rewarding in terms of the value we place on the life of each child."

MANUFACTURERS' PUBLIC SERVICE ACTIVITIES

Prescription drug companies and their charitable foundations spent $25 million on public service activities in 1961, amounting to 4.3% of their net taxable incomes.

The information was contained in a survey report released recently. The report revealed that drug firms' donations rank well above the all-industry average for public service contributions.

Data for the survey was supplied to the Pharmaceutical Manufacturers Association by 43 firms accounting for more than 80% of the prescription drug industry's sales, assets and employment and by three company-related charitable foundations. The firms all are members of the association.

The $25 million in contributions includes $11.1 million in cash donations and $13.9 million in public service activities financed by drug companies. A recent national foundation's analysis of more than one million corporation income tax returns shows gifts averaging one percent of taxable income.* By comparison, prescription drug industry donations are twice this percentage. The portion of their incomes spent on total public service activities is four times as much.

The largest share of the industry's cash contributions, $6.2 million, went for support of schools and universities by grants, fellowships and scholarships. The companies also gave $2.7 million to United Fund drives, local and national health and welfare agencies, and in grants to hospitals. Another $2.2 million was given to church and civic organizations, for various special programs, and to support a wide range of cultural activities.

Prescription drug companies contributed products valued at $7.3 million in 1961 for a variety of purposes in this country and abroad. These include drugs for medical missionaries overseas, earthquake and flood relief, replacement of uninsured losses, drugs for the indigent, for programs such as Project HOPE, epidemic relief and special products for which no remuneration is received.

The survey does not include any activities which were primarily product promotions, even though these also might have been educational.

---

* Russell Sage Foundation—1959-60

Additional public service activities include the advancement of scientific and medical education by expenditures of $4.7 million on publications, symposia, films, medical television and other communications for professional audiences. Another $1.9 million was spent on public service films and publications for general student and lay audiences.

OBITUARIES

LESTER R. MARTIN

Lester R. Martin, former president of the Maryland Pharmaceutical Association, died in Cumberland on January 2, 1963 at the age of 65.

A practicing pharmacist since 1919, he was president of LaVale Drug Company and also associated with pharmacies in Somerset and Johnstown, Pennslvania.

He served as president of the Maryland Pharmaceutical Association in 1957 and was a member of the A.Ph.A. and the N.A.R.D., a Mason and past Commander of the American Legion Post in Somerset.

Lester R. Martin was elected an Associate Member of the University of Maryland School of Pharmacy Alumni Association. He was a staunch supporter of all activities for the advancement of the profession of pharmacy.

Mr. Martin is survived by his wife, Mrs. Catherine J. Martin, three sons, Edward L. Martin of St. Louis, Robert J. Martin of Cumberland and Jack B. Martin of Silver Springs, and nine grandchildren.

JUDSON H. SENCINDIVER

Judson H. Sencindiver, 87, died on January 19, 1963. Mr. Sencindiver operated the Judson Laboratories in Cockeysville, which he established in 1930.

He was graduated from the University of Maryland School of Pharmacy, and later served as president of its Alumni Association.

Mr. Sencindiver was born in Martinsburg, W. Va. After graduation from college, he served as sales manager for the National Vaccine Anti-Toxin Institute, Washington, and later for Lederle Laboratories and E. R. Squibb & Sons.

Between 1918 and 1920 he was associated with Calco Chemical Company, selling pharmaceuticals to the United States Government.

He was a member of the A.Ph.A., the M.P.A., and the N.A.R.D.

Surviving are two sons, J. Albert and Milton H. Sincindiver; two daughters, Mrs. Neal Dow Franklin and Mrs. Harold MacKnight; eight grandchildren and eleven great-grandchildren, all of Washington.

* * *

H. HOMER FREITAG

H. Homer Freitag, 69, proprietor of the pharmacy at 212 E. Cross Street, Baltimore, for 43 years, died on December 22, 1962.

He was a member of the Maryland Pharmaceutical Association.

He is survived by his daughter, Mrs. Josephine F. Woodland.

* * *

WILLIAM A. STARTT

William A. Startt, 70, graduate of the University of Maryland School of Pharmacy in 1917, died on January 5, 1963. He operated his pharmacy at Greenmount and 22nd Street, Baltimore, for over 45 years.

He is survived by his wife, Viola Dill Startt, his sons, William A. and James D. Startt, and by two sisters and two brothers.

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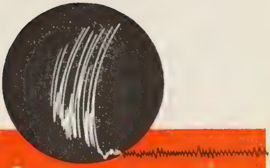

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THE MARYLAND PHARMACIST

ROBERT LEE SWAIN

1887 - 1963

VOLUME XXXVIII - NO. 5

FEBRUARY 1963

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Why would anyone pay 10¢ more for this children's aspirin?

Aspirin is aspirin—to anyone but a youngster. To him, the little things—flavor, color, sweetness, aftertaste—seem very important indeed. Especially if he isn't feeling well.

This new children's aspirin from Abbott is just a little more pleasant for him to take.

The difference can be expressed in one word: Aluminum. Most aspirins are formulated as an acid. The Abbott aspirin is presented as the neutral aluminum salt. Result: (1) Stability is enhanced (2) The cherry flavor is protected (3) There is little or none of the acid stomach upset often caused by ordinary aspirin.

This flavor advantage was very clearly pointed up in a series of tests at a major children's hospital. The new, cherry-flavored tablets were preferred 3 to 1 over the other leading children's aspirins.

Finally, there's the safety cap—probably the best one in your store. Difficult for children to remove, the snap-action cap is easily opened and closed by adults once they know the secret.

Suggested price for this new product: 49¢ for 50—about a dime more than other well-known brands. But see if a parent ever switches back—once you've sold the one with aluminum.

301198

The Maryland Pharmacist

— NATHAN I. GRUZ, Editor —

Volume XXXVIII **FEBRUARY, 1963** **No. 5**

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Editorial . . . . . .

ROBERT LEE SWAIN

An era in pharmacy has come to an end—Dr. Robert Lee Swain is dead.

Spanning the world of pharmacy in both space and time, Dr. Swain's life covered his profession from the time of the medicine barrel to the time of radio-pharmaceuticals. His genius was to be able to keep pace with history and to interpret the changes to all pharmacists. He was able to do this from a knowledge derived from experience as a community pharmacist, board of pharmacy secretary and editor. His insights were based upon an indispensable immersion all his life in local, state and national pharmaceutical association affairs. His devotion to the causes of high standards of pharmaceutical education deserve the gratitude of thousands of pharmacists practicing today. His dedication to the advancement of the highest standards and practices of professional ethics was his hallmark.

The State of Maryland and the Maryland Pharmaceutical Association were always proud of this native son who played such a vital role in every phase of pharmacy, both nationally and internationally.

Nothing in the world of pharmacy was alien to deep concern by Dr. Robert L. Swain.

Pharmacy has lost an irreplacable champion and giant among men.

Plan Now To Attend

Maryland Pharmaceutical Association

81st ANNUAL CONVENTION

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President's Message . . . . . .

Dear Fellow Members:

The business of the Association is now reaching high gear for the year. This, of course, requires among everything else possible financing. This is your Association and the financing of it must come from you. Notices for dues have been mailed to the membership and a prompt reply to this notice will be greatly appreciated, especially by the office since it will not require mailing of reminders.

We are at this time engrossed with the legislative program, which we feel will be most beneficial to all pharmacists in the State of Maryland. As a matter of fact, if the program is successful, it may set a pattern for pharmacy about the country. Your continued cooperation with our Committee chairmen, if you are so appointed, means a great deal to all pharmacists, since the work of the committees is the work of the Association.

The Constitution and By-Laws Committee is meeting to prepare changes in the Constitution and By-Laws that will permit full membership to all pharmacists, whether they be owners or not, so that truly we wish to make this your Professional Association. By so doing, all of the problems of all of the pharmacists will be equally shared.

Please mark your calendar for the State Convention June 24th-27th at the Colony Resort Motel, Atlantic City, New Jersey.

Sincerely,

VICTOR H. MORGENROTH, JR.
President

TOASTCHEE
LANCE

Look what I found!

I found that my customers really go for those tasty Lance snacks. And I found, too, that I make more money on them than any other brand. Must be because they sell so fast.

They're advertised

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Sealtest
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ICE CREAM
Brought Him in...

Look What He's
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Sealtest
ICE CREAM
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It happens all the time. A customer sees your Sealtest sign. Comes in. Buys a pint or half-gallon of Sealtest Ice Cream — then, notices and buys all sorts of other things.

This happens because people *look* for Sealtest. They perfer the quality. They remember local and national advertising. And, they just have to try the latest *special* flavor.

It can happen for *you*, too — the way Sealtest Ice Cream builds traffic and boosts profits . . . for many departments. So, sell and display Sealtest for fountain and carry-out customers. You'll find that it's good business in *many* ways.

* * * * *

And be sure to Feature this Special Flavor
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Secretary's Script . . .

A Message from the Executive Secretary

Deep shadows were cast over the Association with the announcement of the passing of one of the great men of pharmacy who arose from our own ranks. The death of Dr. Robert L. Swain deeply affected those who had known and worked with him for many decades.

I think Dr. Swain's legacy to us must be a stimulus to renewed determination to leave nothing undone to achieve the goals toward which he dedicated his life. He always stressed the unique position of the pharmacist along the main streets and street corners in every city and village in the land. He pointed out how the pharmacist, through the personal relationships and contacts with his clientele, was in a position to render the community benefits and services few others could parallel. In turn the community and service minded pharmacist would reap the reward of professional recognition, high status and material success.

It is my earnest hope that we always will keep the ideals of Dr. Swain before us as we work in our profession and fight to advance its position and its ability to function in the public health interest.

Nathan I Gruz

Executive Secretary

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A Tribute To
Dr. Robert L. Swain

by

Simon Solomon

On the morning of February 4th, when I received a telephone message from Mrs. Swain that Bob had passed away, I felt that the whole world had caved in. Could it be possible that the man who meant so much to pharmacy over so long a period of time, and who was one of my most dearest and devoted friends would no longer be able to give us sound advice and counsel?

While his illness during the past few years warned us of his condition, still it seemed that we were unprepared for the blow which struck so suddenly. What a calamity! The voice that spoke so eloquently for pharmacy over the past four decades would no longer be heard.

It has been my most treasured privilege and pleasure to have been associated with my personal and intimate friend for many years and for that I am deeply grateful.

Dr. Swain had achieved high regard and renown for himself throughout the broad domain of the entire drug industry, and he was well regarded in government circles as a consultant on pharmaceutical matters.

Those of us among his contemporaries, who had been associated with him for many years, found him to be a man of indomitable will and courage. Because of his leadership, aggressiveness and determination during the past four decades, pharmacy had been elevated to a degree of high professional status, subsequently greatly benefiting the public welfare.

This man, more than any other individual, was responsible for Maryland being in the forefront of states that have sought better educational standards for pharmacists as a means of limiting the duties of the profession to carefully educated and competently trained members of a team entrusted with the public health and welfare.

In all his undertakings Dr. Swain had shown alertness, initiative, rare judgment and unusual capacity. His records of accomplishments was most impressive. His entire career had been on a statesmanlike level; so worthwhile has been his objectives, so wise his counsel and so sound his judgment.

I believe I am justified in saying that I had been more closely associated with Dr. Swain since he left Baltimore in 1939, and even before than any other pharmacist in Maryland. Hardly a week or two passed that I failed to correspond with him, occasionally seeing him personally or speaking with him over the phone.

From my observation over the years, I had never known him to express hate or an unkind word towards anyone, having only love in his heart for his fellowman. I had learned to love, respect and admire him not only for what he accomplished for pharmacy, but more so because to him a man was a man for what he was worth, irrespective of his race, creed or religion. What a wonderful philosphy for any man to practice, particularly with the entire world in such a turmoil, that a match carelessly lighted because of class hatred could rapidly spread and thus cause a conflagration big enough to set the world on fire! Just think what a wonderful world it would be for all of us to live in, if many other national leaders in and out of pharmacy would practice and preach not to hate, but to love his fellowman. Unfortunately, I am afraid there are not enough prominent and influential leaders of all fields of endeavor who do practice and preach love for his fellowman.

In my humble opinion, he had no peer in American Pharmacy, and Maryland was all the richer for having such an illustrious son.

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May the Almighty give Mrs. Swain and other members of the family health and strength to carry on for many years.

Dr. Robert Lee Swain

A Biographical Report

Dr. Robert Lee Swain, who became "Pharmacy's Elder Statesman," was born in Redden, Delaware, September 29, 1887. He was the son of the Rev. Charles Philip and Martha Hester (Messick) Swain.

His interest in pharmacy began in the early 1900s in Dover, Del., where he secured a part-time job in a drug store while attending high school. His mother had moved to that city with her family of eight children after her husband, a Methodist minister, died of typhoid fever at the age of 41.

Dr. Swain's employer encouraged him to take up pharmacy. He graduated from the University of Maryland in 1909 with honor and with the degree of Doctor of Pharmacy. Next he entered a drug store partnership in Sykesville, Md., near Baltimore. Eventually, Dr. Swain became the sole owner. He went on to become the most famous Maryland pharmacist of the period.

Dr. Swain and Miss Esther Beach Sprecher, the daughter of a physician, were married in 1911 and resided at 34-22 81st St., Jackson Heights 72, New York.

In 1928, due to the pressure of his duties with the Maryland State Department of Health, he sold his drug store. The town of Sykesville remembers Dr. Swain as one of its most outstanding citizens. He served on the town council and as mayor for many terms.

For 21 years, until 1960, he served as editor-in-chief of both publications. Two years ago he was named contributing editor of the two papers.

His connection with Drug Topics went back to 1933, when he became pharmacy editor.

He had a distinguished record in Maryland as deputy state food and drug commissioner for 17 years in charge of the enforcement of the state pharmacy acts, narcotics acts and the drug section of the Pure Food and Drug Law. As secretary of the Maryland Board of Pharmacy, he exerted an influence on board policy that went far beyond state lines. Through the columns of The Maryland Pharmacist, of which he was editor from 1925 to 1940, he gained repute as a commentator on the pharmaceutical scene.

When he became editor of Drug Topics and Drug Trade News in April 1939, Dr. Swain was already nationally known.

His profession recognized his contributions by awarding him the Remington Medal, pharmacy's highest honor, in 1940, and honorary degrees from such institutions as Temple University (LL.D.), University of Maryland (Sc.D.), Philadelphia College of Pharmacy and Science (Pharm. M.), Ohio Northern University (D.Pharm. Adm.), Washington College (Sc.D.), Connecticut College of Pharmacy (Phar.D.) and the New England College of Pharmacy (Sc.D.). Numerous other awards, honorary memberships and citations have been bestowed upon Dr. Swain by fraternities and professional organizations.

Further tribute was paid to Dr. Swain in May 1960 by the drug field with a testimonial dinner in New York City. In attendance were more than 600 representatives and leaders of retail pharmacy, the pharmaceutical industry and allied fields.

In 1961, the Maryland Pharmaceutical Association established the annual Dr. Robert L. Swain Pharmacy Seminar in recognition of his years of service and to bring to pharmacists information on all phases of their profession.

Dr. Swain held many important of-

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fices in professional organizations. One of his first appearances on the national scene was as chairman of the American Pharmaceutical Assn. House of Delegates in 1928. Prior to that he was vice-chairman. In 1933 he was elevated to the APhA presidency. For the next several years he served on the APhA Council.

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The National Assn. of Boards of Pharmacy also made early use of Dr. Swain's abilities by making him director of its department of education in 1928. Nine years later he was elected president of the association, and thereafter reelected treasurer for several terms.

The National Assn. of Retail Druggists pressed Dr. Swain into service in 1935 as chairman of its Fair Trade Committee to spearhead efforts to have Congress pass the federal Fair Trade Enabling Act, enacted in 1937. Earlier, he had won a reputation as an authority on fair trade with his "Fair Trade Manual," which he wrote for the NARD to serve as a guide to the states in enacting their fair trade laws.

Another national group to which he lent his talents is the American Council on Pharmaceutical Education, which he served for more than 25 years as representative of the NABP. From 1940 to 1959 he was a director of the American Foundation for Pharmaceutical Education. He was its president from 1953 to 1955.

Dr. Swain was a member of the Pharmaceutical Survey and Pharmaceutical Syllabus Committee which with the American Council on Education, did pioneering work in introducing the five- and/or six-year courses for undergraduate training in pharmacy.

Dr. Swain played an influential role in drug standardization as a member of the United States Pharmacopeia Board of Trustees, beginning in 1936. He served until 1960, when he resigned as chairman, a post he had held since 1945.

In 1937 he was named president of the Maryland Pharmaceutical Assn.

The holder of an LL.B degree from the University of Maryland School of Law, Dr. Swain has long been known as one of the foremost experts on pharmaceutical law. From 1933 to 1939 he was professor of pharmaceutical law at Temple University.

He founded and became the first chairman of the National Conference of Pharmaceutical Law Enforcement Officials in 1928. For several years, he was a member of the legislative committee of the National Drug Trade conference.

Dr. Swain's legal knowledge was put to valuable use in the early 1930s when he was called to Washington to head a committee to frame a national code for drug clerks under the National Recovery Act. This highly complicated work called national attention to Dr. Swain. He also served as a member of the NRA Drug Advisory Board.

Dr. Swain helped many states modernize their drug and pharmacy acts, often addressing state legislatures. He was the first outsider accorded the honor of addressing the Iowa Legislature.

He also cooperated with federal agencies in the revision of laws affecting drugs and prescription work. In the 1930s he worked closely with the late Senator Copeland of New York in the presentation of a new federal pure food and drug bill.

Dr. Swain was identified with efforts to advance pharmacy in the armed forces and the federal service. Prior to World War II, he chaired a national committee for a pharmacy corps in the U. S. Army. His years of effort in this area were rewarded when President Roosevelt approved a law to establish the corps in the Army on the same footing with the Medical Corps. Although the Pharmacy Corps was absorbed into the Medical Service Corps when the Defense Department

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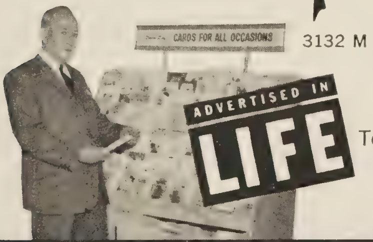

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was created, pharmacy still enjoys official standing in the military forces.

Was Committee Leader

For several years, Dr. Swain headed a Committee on the Advancement of Pharmacists in the Federal Service, a group that had the backing of major organizations in pharmacy. He also served as pharmaceutical consultant to the Surgeon General of the U. S. Army and in a similar capacity to the Library of the Medical Department.

Always actively interested in education, Dr. Swain was a member of college and school boards. He was a trustee of the Columbia University College of Pharmacy and assisted in drafting the Bobst-Columbia Plan of Education. For several years he was a member of the board of the 181-year-old Washington College in Chestertown, Md., and headed the board of West Nottingham Academy in Maryland, a prep school founded in 1744.

Dr. Swain was associated with many activities outside his profession. He was a member of the Board of Trustees of the U. S. Committee, World Medical Assn., and served numerous other organizations.

Dr. Swain is survived by his wife, the former Esther Sprecher of Sykesville, Maryland, and a son, Robert L. Swain, Jr.

Funeral services were held in New York on February 6th, followed by graveside services on February 7th at Springfield Cemetery in Sykesville.

The Maryland legislature passed a joint resolution introduced by pharmacist member Chester G. Kosakowski expressing its regrets on his passing.

Dr. Robert L. Swain Model Pharmacy

Under the direction of the School of Pharmacy Committee of the Maryland Pharmaceutical Association, a model pharmacy is being established at the University of Maryland School of Pharmacy. To be known as the Dr. Robert L. Swain Model Pharmacy, the project is also being supported by the Alumni Association of the University of Maryland School of Pharmacy, the Baltimore Metropolitan Pharmaceutical Association, pharmacists and friends in manufacturing, wholesaling and related fields.

Irving I. Cohen, past president of the Alumni Association and a vice-president of the Baltimore Metropolitan Pharmaceutical Association, is heading the committee in charge. For many years Mr. Cohen has kept alive the idea of installing a modern pharmacy for the School of Pharmacy as a teaching tool and model for the proper environment for the practice of pharmacy.

Contributions should be mailed to the Dr. Robert L. Swain Model Pharmacy Fund, Maryland Pharmaceutical Association, 650 West Lombard Street, Baltimore 1, Maryland.

Resolution On Dr. Swain Passed By Maryland

House Joint Resolution No. 35 was introduced by Chester G. Kosakowski, pharmacist member of the House of Delegates. It was enacted and signed by Governor Tawes.

JOINT RESOLUTION

House Joint Resolution expressing the regrets of the General Assembly of Maryland over the passing of Dr. Robert L. Swain.

The members of the General Assembly of Maryland learned with sorrow and regret of the passing of Dr. Robert L. Swain, one of the most distinguished pharmacists in the United States.

Dr. Swain had a long and outstanding career. He graduated with honors from the University of Maryland in 1909 with the degree of Doctor of Pharmacy. Subsequently, he became owner of a pharmacy in Sykesville, Maryland. While there he was one of the leading citizens

Security *Great wings, great courage and marvelous eyes keep the eagle secure against his enemies. A single, unrelenting policy gives the pharmacist security against non-drug competition, security in his livelihood. "Drugstores only" it is now and "drugstores only" it shall be.*

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of the town and served both on the town council and as mayor of Sykesville.

In 1928 Dr. Swain took up the duty with the Department of Health of the State of Maryland. He was in charge of enforcement of the State Pharmaceutical Act and of the narcotic and drug laws.

During this period also, he was Secretary of the Maryland Board of Pharmacy. In addition, he edited *The Maryland Pharmacist* from 1925 to 1940 and gained a nation-wide reputation as a commentator on pharmaceutical matters. Also during this period, he was President of a Maryland Pharmaceutical Association.

In addition to his training in pharmacy, Dr. Swain was a graduate of the University of Maryland Law School and was a recognized expert in pharmaceutical law.

He was editor-in-chief of *Drug Topics* and *Drug Trade News*. He won many honors during his lifetime of service, including being a member of the United States Pharmacopeia Board of Trustees. He finally became recognized as an elder statesman in the profession of Pharmacy.

In his passing the State of Maryland and the entire country have lost a foremost and outstanding figure in the pharmaceutical world; now therefore, be it

Resolved by the General Assembly of Maryland, That the deep regrets of this body be expressed over the passing of Dr. Robert L. Swain, a distinguished pharmacist and a leading citizen of this State; and be it further

Resolved, That the Secretary of State of Maryland be instructed to send a copy of this Resolution under the great seal of the State of Maryland to:

Mrs. Robert L. Swain, 34-22 81st St., Jackson Heights, Long Island, New York.

Drug Topics, 155 E. 44th St., New York 17, N.Y.

Maryland Pharmaceutical Association, 650 W. Lombard St., Baltimore 1, Md.

Baltimore Metropolitan Pharmaceutical Association, 650 W. Lombard St., Baltimore 1, Md.

University of Maryland School of Pharmacy, 636 W. Lombard St., Baltimore 1, Md.

Maryland Board of Pharmacy, 301 W. Preston St., Baltimore 1, Md.

American Pharmaceutical Association, 2215 Constitution Ave., N.W., Washington 25, D.C.

CORRESPONDENCE

108 Brook Run Lane
Stamford, Connecticut
February 15, 1963

Mr. Nathan I. Gruz, Executive Secretary
Maryland Pharmaceutical Association
650 West Lombard Street
Baltimore 1, Maryland

Dear Mr. Gruz:

Mother and I were deeply touched by the high regard you had for my father by taking the effort to attend both the services in New York City and the burial in Sykesville, Md.

We were also moved by the beautiful floral tributes from the Maryland Pharmaceutical Association, Baltimore Metropolitan Pharmaceutical Association, and Baltimore Veteran Druggists Association and from persons identified with Maryland pharmacy.

Father had always spoken well of you and regarded you as an excellent choice for the MPhA secretaryship.

Father's sudden passing was a great shock to me for I had thought he was improving. The last time I saw him he appeared cheerful and seemed stronger.

It is very hard for me to realize that father is gone. He was a wonderful father and a great inspiration to me. The happy memories I have of him will continue to be a source of comfort and strength to me and mother.

Thank you again for your high esteem of father.

Mother joins me in sending our kindest regards to you.

Most sincerely yours,
ROBERT L. SWAIN, JR

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School of Pharmacy, U. of M., News . . . . .

Annual Entertainment And Dance Of The Alumni Association, School Of Pharmacy, University Of Maryland, February 28, 1963

Reported by B. Olive Cole

The Annual Entertainment and Dance of the Alumni Association of the School of Pharmacy, generally regarded as the Valentine Dance, was held on February 28, 1963 at the Emerson Hotel.

Milton A. Friedman, First Vice-President, recognized the presence of those in attendance — approximately three hundred persons — including students, faculty, guests and members of the Association.

President Sam A. Goldstein extended the welcome and introduced some guests, including President Harry E. Hasslinger of the General Alumni Association, President John Lampe of the Baltimore Club of the University of Maryland and Mrs. Lampe, and David L. Brigham of the Office of Alumni Relations, as special guests.

The entertainment under the supervision of Harold Levin and Herman Bloom, Co-Chairmen, was not only entertaining, but breath-taking in some respects. Barbara Capanos, the personable Singing Star of the William Bendix Show Boat was the first entertainer and rendered several selections which were enjoyed.

Don Garnett, the amazing, amusing, spell-binding hynotist, practiced his profession to the surprise of the group when he selected persons from the audience to be hynotized and succeeded in displaying his ability as a hynotist. To many persons this display of hypnotism was an unusual performance and almost incredulous if not personally witnessed.

Abe Guard and his Buddy Deane, TV Orchestra, provided music for the entertainment and dancing.

The Souvenir Program with Aaron M. Libowitz and Harold Levin as co-chairmen, was a great success financially, as it provides some three thousand dollars to carry on the activities of the Association, including scholarships through the Student Aid and Scholarship Committee for students entering upon the study of pharmacy who are worthy and in need of some financial aid. This support and assistance provided by many pharmacists, friends and advertisers, and so generously contributed, is appreciated by the Association. The interest in the Souvenir Program and its potential possibilities has greatly increased during the past two or three years.

The Ticket Committee — Solomon Weiner and George Stiffman, Co-chairmen, gave evidence of their great interest by selling tickets to students as well as to members and friends of the Association.

Door prizes were donated by the Whitman Candy Company, Allen & Sons, I. & L. Candy and Tobacco Company, Muth Bros. & Co., Calvert Drug Co., Loewy Drug Company, H. B. Gilpin Company and Seven-up Bottling Company. One only needs to be present and see the interest developed when numbers for the door prizes are selected and posted. Young and old enjoy prizes.

President Goldstein expressed his appreciation to the members of the committees and many others who made the affair a signal success.

* * *

The Convocation of the School of Pharmacy and the Annual Banquet of the Alumni Association will be held on June 6, 1963—the banquet at 7:30 P.M. in the Baltimore Union.

The candidates for graduation from the School of Pharmacy will be the guests of the Alumni Association at the annual banquet.

Dr. Noel E. Foss, dean of the University of Maryland School of Pharmacy, has announced the names of students on the Honor List for the first semester of the academic year 1962-63.

Those in Baltimore are: **seniors** — Marjorie Abramovitz, Jeanne Baker, David Blake, Marshall Brownstein, Yale Caplan, Michael Cohen, Stuart Friedel, Irwin Heyman, Stephen Levin, James Mendelsohn, Ettore Tristani, Kenneth Ullman, James Welsh, and Stuart Winakur; **first year professional students** — John Conrad, Richard Cysyk, Charles Schultz, and Michael Walsh.

Others on the list are: **seniors** — Don Bradenbaugh, Baltimore County; Barbara Patel, California; Chester Price, Alleghany County; and Susan Yee, Montgomery County; **first year professional students** — Gayle Dolecek, Washington, D. C.; Robert Hoffman, Harford County; and Gerald Rachanow, Baltimore County.

Dr. John E. Christian, Professor of Bionucleonics and Head of the Bionucleonics Department at Purdue University, addressed the student body of the University of Maryland School of pharmacy on February 25th, on the topic, "Radioactivity: Fundamentals and Applications."

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Some Saturated Fatty Acids

by B. F. Allen, Ph.D.*

Raw materials derived from animal and vegetable fats, oils, and waxes constitute an ever-increasing portion of modern pharmaceutical formulations. These naturally occurring materials are the source of the important saturated fatty acids widely used in the industry.

The availability of these fatty acids, however, has given rise to serious problems regarding chemical and physical specifications. There are perhaps ten or more companies supplying fatty acids, each with their own special manufacturing procedures. This often results in a given product which differs significantly when compared to another source of the same material. As a result a direct substitution of one source for another is not always possible in a formulation.

A discussion of the extensively used stearic acid ** illustrates the differences one finds among the suppliers. So-called first class products on the market face a shelf like problem unless they contain a stearic acid with excellent oxidation stability. This means protection against deterioration resulting from changes in color, clarity, emulsion stability, texture and consistency.

Commercial stearic acid is not pure stearic acid. It is a mixture of fatty acids containing a ratio of approximately 55 per cent palmitic and 45 per cent stearic acids. Usually small amounts of other fatty acids, such as oleic and myristic, are also present in amounts depending on the grade and manufacturing method used. This so-called normal ratio of palmitic to stearic acid has found wide use in formulations.

Stearic acid, U.S.P., is a mixture of solid organic acids obtained from fats and consists chiefly of stearic acid and palmitic acid. It occurs as a hard, white or faintly yellowish, somewhat glossy and crystalline solid, or a white or yellowish white powder. This material congeals at a temperature not below 54°C and the iodine value is not more than 4.

Other ratios of fatty acids up to almost pure stearic acid can be obtained by hydrogenation, fractional distillation, solvent crystallization, "pressing," and combinations of these procedures. The physical-chemical properties of these different types (or forms) are of considerable significance regarding their performance properties to meet quality standards of finished products.

The proportion of myristic acid to stearic acid affects the melting point of the compound. Also, the amount of oleic acid lowers the melting point in proportion to the amount present. In the manufacture of stearic acid by the saponification procedure, the product is "pressed" and the quality of the stearic acid depends on the number of pressings it has been through. Three pressings are commonly used, the first giving a poor quality acid, the third producing a high grade stearic acid labelled as XXX or "triple-pressed."

At one time, standardized mixtures of stearic-palmitic-oleic acids were available for certain particular purposes. They were all white materials of high quality used primarily in the manufacture of lotions and creams. Also, double and triple saponified stearic acids without oleic acid and containing less palmitic acid were known as preferred products.

It has been stated that the crystalline structure of a stearic acid is best when there is a favorable balance be-

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*University of Maryland, School of Pharmacy

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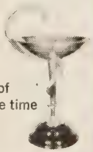

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tween palmitic and stearic acids—approximately equal parts. This ratio is a must in order to produce creams that won't shrink from the walls of their containers.

One producer claims that their "pressing" operation is uniform at all times and that it takes years of "know how" to obtain the desired crystalline stearic acid. In addition, since no solvents are employed in their manufacturing process, the stearic acids are free from esters.

It should be noted that the primary purpose of the "pressing" operation is to remove the oleic acid which is a liquid at ordinary temperatures. The presence of this unsaturated fatty acid in stearic acid is often considered the chief cause for discoloration.

One brand of stearic acid has been called the "unseen salesman" since nobody sees it in the products. Most people don't even know it's there, but the stearic acid keeps selling and reselling products year after year because of uniform purity and composition, color stability, and high resistance to oxidation.

The following are some interesting non-pharmaceutical uses of stearic acid: an ingredient in "Jewelers Rouge," buffing and polishing diamonds with this compound brings out their sparkle; as a fine coating in photographic flashbulbs, helps increase their brilliance; keeps crayons from going limp in fingers, imparts hardness and non-melting characteristics, also serves as a pigment binder, shades stay true, white won't yellow; used in chewing gum, helps retain its flavor moistness; also used as a flavor retainer and humectant in hard mint and other candies.

A patent for a spray-type simulated snow coating for the decoration of Christmas trees involves the use of fatty acids, preferably stearic or palmitic acids (about one per cent by weight), a resin, and the propellant gas.

Approximately $50 million is now being spent annually by consumers for hand lotions and hand creams. The choice of ingredients used in these preparations is very wide and varied. However, the fatty acids, commercial stearic acids with varying proportions of palmitic acid, are often selected for their emulsifying properties (along with their respective soaps), they also have a definite emollient and smoothing action on the skin.

One manufacturer has made available grades containing 97%, 80%, and 70% stearic acid for use wherever practicable in highest quality formulations, because of their high purity. Preliminary investigations showed that the 70 per cent product may be substituted in many formulations for ordinary triple-pressed stearic acid, thereby gaining obvious advantages in color, taste and odor characteristics. Later it was reported that this 70% grade-type did not act like the traditional "pressed" acids which have been used since time beyond memory in cosmetics. Therefore, a new product was developed to meet the necessary specifications.

It has been stated that purity might mean almost anything. It could mean the absence of unwanted impurities. It might mean the concentration of stearic acid, since so-called "stearic acid" may well be only 40-60 percent stearic acid. No matter which way one calls the turn on "purity," if there is a little change in this, a cream formula may produce a lotion instead, or vice versa.

A natury enemy of lipsticks, lathers and lotions—crayons, candles, and cosmetics, ash can make shaves raw, candles smoke, and crayons scratch. To be a good basic material for all these products, stearic acid should have the lowest possible ash content. Low ash content is a measure of purity and some of the rigid customer requirements are 10 parts per million or below.

Palmitic acid, a 16 carbon atom compound occurs as a major component (sometimes in the concentration of 55 per cent) in the usual commercially available stearic acid.[a] It derives its name from palm oil in which it occurs as the glyceride. The melting point of this compound is generally around 64°C., however some of the commercial acids melt at a lower temperature, depending on the degree of purity.

This material is insoluble in water, sparingly soluble in cold alcohol, freely soluble in hot alcohol, ether, chloroform, and other alcohols.

Palmitic acid, also known as cetylic acid, is a white waxy material with a slight fruity odor. It has been used in the formulation of shaving, vanishing and foundation creams, some soaps and other toiletries.

Myristic acid, a carbon-14 fat acid is an odorless white wax-like substance having a melting point of about 58°C. It occurs in nutmeg butter to the extent of 70 to 80 per cent, in palm seed fats it may comprise 20 per cent of the total fatty acids, in milk fats between 8 to 10 per cent of the total acids. It also occurs in most animal and vegetable fats and has been found in considerable amounts (up to 15 per cent) in sperm whale oil. Its dermatologic action has been reported to be tolerated better than stearic acid. An example of the application of this substance is in the following Shaving Foam Concentrate formula: Stearic acid, triple pressed 4.0, Myristic acid 3.0, Liquid lanolin 5.0, Heavy mineral oil 1.0, Propylene glycol 5.0, Triethanolamine 3.5, water 78.5, perfume q.s. To each 180 Gm. of this concentrate in an aerosol-type can, 10 ml. of propellent is added. This emulsion is stable for long periods of time and prevents excessive propellent loss as might be the case with more conventional foam shaves.

The availabiliy of solid fatty acids is ever-increasing and this is exemplified by the appearance for the first time of an entirely new fatty acid. The latest edition to the growing line of quality fatty acids is referred to as the carbon-20 to carobn-22 range. The composition of this product: two straight chain monocarboxylic acids known as arachidic acid and behenic acid.

Fatty acids have assumed an important role in industrial progress because they are satisfactory starting materials for many products. Of particular interest to pharmacist are the water-insoluble salts, more commonly known as metallic stearates or soaps. They possess lubricating and water repellent properties which make them valuable in a variety of pharmaceuticals including the manufacture of tablets and external dusting powders. One well-known manufacturer of raw materials has recently emphasized that their new grade of magnesium stearate not only meets U.S.P. specifications but is also approved for food uses. Other unique properties are illustrated by zinc stearate which imparts improved smoothness, as well as mild antiseptic and astringent properties to powder formulations (external-type).

As previously stated, fatty acids are starting materials for many useful compounds. Neutralization of the carboxyl group with organic or inorganic alkalies results in the formation of salts or soaps. The esterification reaction in which the carboxyl group is reacted with an alcohol to produce esters is widely employed in producing many and varied fatty acid compounds.

Derivatives of fatty acids are widely used in preparations designed to protect the sensitive skin of infants. Various combinations of amine soaps and polyhydric esters serve as emollients in baby creams and lotions. And, stearic acid's metallic salts are used in a variety of baby powders.

It has been stated that recent articles in European publications attest to the usefulness of pyridoxine tripalmitate[b] in cosmetic preparations. Also, it is

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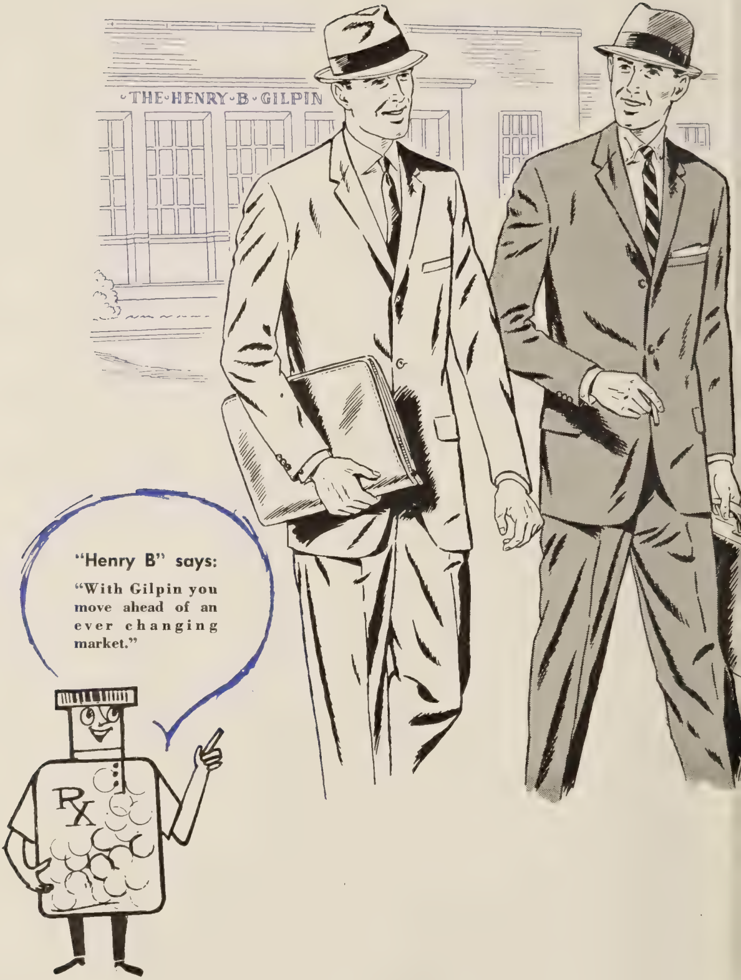
[a] stearic acid is an 18 carbon atom compound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noted that the antibiotic chloramphenicol palmitate is officially recognized in the U.S.P. Products such as vitamin A palmitate in dry and oil forms are commercially available with that so-called inherent stability of the palmitate ester.

The following prescription has appeared in this area utilizing one of the above mentioned ingredients: Vitamin A palmitate 2.96, Alpha tocopherol 0.40, Sesame oil 0.60, Polysorbate 80 10.00, Distilled water, q.s. 100.00; directions to pharmacist—formulation to be injected.

Also, it is interesting to note a report from an investigator that plantar warts in 30 of 31 patients disappeared following intracutaneous injections of an aqueous solution of synthetic vitamin A palmitate.

Aluminum Monostearate (U.S.P.) is a compound of aluminum with variable proportions of stearic acid and palmitic acid. Its aluminum content is equivalent to not less than 14.5 per cent and not more than 16 per cent of aluminum oxide. The U.S.P. category-pharmaceutic necessity for Sterile Procaine Penicillin G with Aluminum Stearate Suspension. This intramuscular preparation contains either refined peanut oil or sesame oil that has been gelled with 2 per cent of alminum monostearate.

Aluminum monostearate exhibits thixotropy[c] and gives a prolonged therapeutic response. It has been noted that both LENTOPEN and LENTOPEN ALL-PURPOSE (Wyeth) contain 2 per cent of this material.

An illustration of another application of this substance is in the following formulation which is recommended as an ointment base for neomycin. Composition: white petrolatum 50 per cent, aluminum monostearate 2 per cent, peanut oil 48 per cent.

Information on some of the commercially available materials (registered trademarks, tradenames, etc.) is presented (with name of acid and content given parenthetically): Groco 54 (stearic acid, 45% and palmitic acid 55%), Groco 55L (stearic acid, 50% and palmitic acid, 50%), Hystrene T-70 (stearic acid, 70%), Groco 65 (stearic acid, 85%), Emersol 150 and Hystrene C-80 (stearic acid 80%), Hystrene S-97 (stearic acid, 97%), Emersol 140 (palmitic acid, 67%), Hystrene 9022 (arachidic and behenic acids, 90%).

Indiscriminate substitution of one stearic acid for another can greatly influence the consistency of an emulsion. This is particularly true if a "hydrogenated" stearic acid (which runs about 65% stearic to 29% palmitic acids is substituted for an "eutectic" stearic (which runs about 47% stearic to 50% palmitic acid). Such a substitution would result in a softer emulsion, all other factors being equal. Also, the end result of using a rancid fatty acid is an emulsion of lower viscosity or softer consistency than would otherwise be expected.

Some typical pharmaceutical and allied products containing a fatty acid (or derivative) as an ingredient: Alphosyl Cream[1]; Ar-Ex Hypo-Allergenic Lotion[2], Chymar Ointment[3], Cordran Cream[2], Dermolate Cake[2], Emko Foam[4], Furaspor Cream[2], Marvosan Creme[2], Perrychew Tablets[5], Trilipex Ointment[6], Veracal Ointment[3].

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[b] this ester of vitamin B-6 is reported to have good diadermic absorption, improves appearance of the derma, an excellent antiseborrhoeic action in cases of acne.

[c] Thixotropy: as applied to formulations, refers to the property of reversible alteration in flow characteristics, the alteration being in the direction of greater fluidity with increased agitation.

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[1] free saturated fatty acids and unsaturated fatty acids

[2] stearic acid

[3] neomycin palmitate

[4] myristic and stearic acids

[5] vitamin A palmitate

[6] myristic, lauric and palmitic acids as triglycerides

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Volume 21 **FEBRUARY, 1963** **No. 3**

T.A.M.P.A. has been engaged in a full round of activities since the beginning of the year. On January 5th the meeting was held at the Pimlico Hotel and the featured speaker was Colonel Paul A. Thronburg of The Salavation Army. Colonel Thronburg attended the University of Oklahoma at Norman, Oklahoma, Pace's School of Accountancy and Business Administration, Tulsa, Oklahoma, and the Salvation Army School for Officers' Training, graduating in 1931. In 1950 he graduated from The Salvation Army International Staff College, London, England. He is a member of National Public Relations Commission, Chairman of the Statistics and Finance Committee of the National Protestant Hospital Association, Chairman of National Planning Council for the National Conference of Social Work, on the Board of Directors for West Virginia Conference of Social Work and a member of the Maryland Conference of Social Work.

Charlie Armstrong was Chairman of the day and introduced Captain Kitchen, the Colonel's Aide, who showed films of the Salvation Army's activities. The 41 members present unanimously voted to sponsor an underprivileged boy for two weeks at Camp PU-TOK, operated by the Salvation Army near Monkton.

It was announced that T.A.M.P.A had distributed 15 Christmas baskets through the Pine Street Station of the Baltimore Police Department.

Those members not in attendance missed one of T.A.M.P.A.'s finest meetings.

The Annual Oyster Roast was held on February 2nd at the Knights of Columbus Hall and was attended by 102 members and friends. Food was abundant and palatable. George Brandt doesn't eat oysters but he certainly can put away the liquid of the stew with crackers. 101 people ate all the oysters that George left in the kitchen, plus the remainder of the menu. None went away hungry.

Joe Muth, father of 9, now has his baseball team.

Bernie Ulman has worked hard learning to toot his whistle. Now he has achieved the ultimate — an appointment as a referee in the N.F.L.

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PRESIDENT'S MESSAGE

Baltimore Metropolitan Pharmaceutical Association

It was a pleasure to greet so many members of the Baltimore Metropolitan Pharmaceutical Association at the annual Installation Dinner held at the Alcazar. Our toastmaster was David L. Brigham and the guest speaker was Dr. George F. Archambault—President of American Pharmaceutical Association.

Our future meetings for the year are being planned, bearing in mind the welfare and interest of our members.

Today people are demanding more service of every retailer with whom they trade. The discount houses that used to operate in a large barn-like affair have now given their customers a large and well lighted and well decorated store in beautiful shopping centers. Customers want personal attention. They want some one to advise them that their purchase is right for their needs, and nothing is more personal than the products you sell in the drug store. One of the most important steps in bringing customers back into your store, is the way the customer is greeted. Nothing is more important than the person who walks into the drug store. No matter what you are doing, it takes but a second to look at him and say "I'll be with you in a moment." A cheery "Hello" goes a long way. There is never a reason for not recognizing a customer the instant he comes up to the counter.

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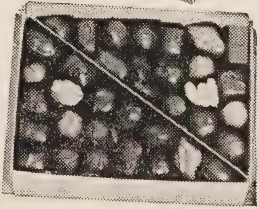

NEWS ITEMS . . . . . .

Convention Program Previews

COLONY RESORT MOTEL
ATLANTIC CITY, NEW JERSEY
JUNE 24-27, 1963

Make your plans now to attend the 81st Annual Convention of the Maryland Pharmaceutical Association at the Colony Resort Motel, Atlantic City, New Jersey, June 24-27.

Tuesday, June 25, the Association will present a panel through a grant from Merck Sharp & Dohme on:

"PHARMACY - FACTS, FACETS AND FUTURE"
featuring

Dan Rennick, Editor of the American Druggist, "The Battle For Prescriptions."

Harry J. Knox, President, Medical Data Services, Inc—the results of market research that can help every pharmacist.

Dr. Roy A. Bowers, Dean of Rutgers University College of Pharmacy—the views of a dynamic educator.

Henry R. Steinhaus, Community pharmacist of Kansas City, Missouri—how one energetic and progressive pharmacist met competition.

MODERATOR - Edward F. Keating, Manager, Trade Relations, Merck Sharp & Dohme.

On Wednesday, there will be a double feature:

FIRST, Dudley J. Taw, Vice-President of Revlon, will speak on "The Secret Key for Prescription Business."

SECOND, a panel on "Patterns of Prescription Drug Distribution" with:

Harry A. Kimbriel, Executive Vice President, National Wholesale Druggists Association.

Gerald M. Slade, Director of Trade Relations, Warner-Chilcott Laboratories.

William A. Cooley, Convention Chairman, has arranged for an outstanding program for your entertainment and enjoyment. Working with him have been the enthusiastic and energetic committees of T.A.M.P.A. and L.A.M.P.A.

T.A.M.P.A. President H. Sheeler Read and John A. Cornmesser, Acting Chairman for enterainment, are hard at work on programs to assure fun for all.

On Monday evening, June 24th, T.A.M.P.A. will present "Amateur Nite," with three grand prizes to be awarded. Contestants are invited to contact the Association office if they wish to participate.

Tuesday there will be a fashion show for the ladies at the Pool Deck with lunch served poolside. At night T.A.M.P.A. will put on one of their famous extravanganzas, "A Night in Old Baltimore," with polka music, draft beer and all the trimmings.

Wednesday, the L.A.M.P.A. will hold their annual brunch. This is their 10th Annual Meeting and they will bring the fascinating Dr. Cylvia A. Sorkin of St. Louis, Missouri, to present a talk on "Are You Normal?"

Wednesday evening the M.P.A. will outdo itself with a real Hawaiian Luau. There will be real Hawaiian music, entertainment and music. Wear your loudest shirt for the costume contest.

Thursday T.A.M.P.A. holds its annual meeting. In the evening there will be a cocktail party followed by the Annual Banquet.

This year the Banquet will be dedicated as a Testimonial Dinner in recognition of the devoted service of Dr. John F. (Jack) Wannenwetsch, who has served as treasurer of the Maryland Pharmacetuical Association for more than a quarter of a century.

Business sessions will be conducted Monday afternoon and Tuesday, Wednesday and Thursday mornings. A detailed program will be mailed to all members.

1963 Convention Committees

William A. Cooley, General Chairman
John F. Wannenwetsch, Treasurer
Nathan I. Gruz, Secretary

Contributions Committee—Joseph L. Muth, Chairman; Martin Rochlin, John A. Crozier, Alexander J. Ogrinz, Jr., Bernard Ulman, Sr., W. Luther Skinner.

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Registration Committee — Louis M. Rockman, Chairman; Bernard Ulman, Sr., John A. Crozier, Morris B. Brager.

Program Committee—Nathan I. Gruz, Chairman; Victor H. Morgenroth, Jr., Simon Solomon, Harold M. Goldfeder, John F. Wannenwetsch, Norman J. Levin, Robert J. Martin.

Prizes and Awards Committee—John A. Crozier, Chairman; Solomon Weiner, Morton J. Schnaper, Frank J. Slama, Sam A. Goldstein, Louis M. Rockman, Alfred E. Callahan.

Attendance Committee—Laurance A. Rorapaugh, Chairman; Robert A. Williams, Alan L. Settler, Robert Tobias, Samuel Wertheimer, Harold L. Gordy, Aaron M. Libowitz, Jerome Mask, Irving I. Cohen, Jerome J. Cermak, John F. Neutze, Robert S. Sinker.

Entertainment Committee — *James A. Allen, Chairman; John C. Cornmesser, Acting Chairman; Joseph J. Hugg, Joseph L. Muth, Bernard Ulman, Jr., Herman Bloom, H. Sheeler Read.

*Deceased

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L.A.M.P.A. News

With the passing of President Helen Kaminski, Vice President Ruth Levin (Mrs. Norman J. Levin) has assumed the presidency.

Sadye M. Friedman, Publicity Chairman, has announced that Bette Hankin, leading mezzo soprano of the Baltimore Civic Opera Company, will be featured at the Annual Luncheon to be held on May 21, 1963. This major L.A.M.P.A. event will be held at the Sheraton-Belvedere Hotel. For reservations call Ann Crane at HUnter 6-8686.

BETTE HANKIN

Convention News

The 10th Anniversary of L.A.M.P.A. will be celebrated at the 81st Annual Convention of the Maryland Pharmaceutical Association to be held at the Colony Resort Motel, Atlantic City, N. J. June 24-27.

L.A.M.P.A is very proud and happy to announce that the feature at its Annual Branch meeting on Wednesday, June 26th, will be Dr. Cylvia A. Sorkin of St. Louis, Missouri, a fascinating lecturer and television personality. She is a business consultant and economist who has thrilled audiences from coast to coast. She has addressed national organizations, international conferences and university seminars.

Dr. Sorkin's topic will be "Are you Normal?" Everyone at the Convention—men and women, young and old—are invited to a most stimulating program.

CIBA Employee Prescription Plan

CIBA Corporation, under a newly instituted system, will provide its employes and their families in the United States with drugs manufactured by its pharmaceutical division via the local independent pharmacist of the employe's choice, it was announced by Dr. Victor Umbricht, president.

In making this announcement, Dr. Umbricht said that "It is CIBA's belief that prescriptions legend drugs should rightfully be dispensed by licensed pharmacists."

Under the new CIBA plan, the employe will have the prescription filled at his local drug store and be reimbursed by the Company for the full amount paid by the employe for the CIBA product.

The pharmaceutical products will be available to all CIBA Corporation employes and their immediate families—wife, husband, children, mother, father, sister, brother, grandmother and grandfather.

The division of CIBA Corporation are CIBA Chemical and Dye Company, Fair Lawn, New Jersey; CIBA Products Company, Fair Lawn, New Jersey; and CIBA Pharmaceutical Company, Summit, New Jersey.

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Speedy Use Of Potent Antibiotics Urged To Check New Causes of Infection

Two classes of bacteria sometimes found in the same infection are on the rampage among convalescents and the aged and must be fought with specific, potent drugs, Dr. Frank P. Foster of the Lahey Clinic warns in the journal, **Postgraduate Medicine.***

Noting a trend toward deaths from new causes of infections, Dr. Foster identified the culprits as "antibiotic resistant" staphylococci and the group of bacteria known medically as gram-negative which are unaffected by penicillin and often by other antibiotics.** When combined in the same patient these bacteria present a particularly serious problem, Dr. Foster states.

Three potent antibiotics drugs are recommended by him in the order of their effectiveness against this "situation of maximum hazard." They are kanamycin, neomycin and chloramphenicol.

Even these antibiotic drugs cannot do the job unless employed in time. The speed with which the infection is recognized and treated may be decisive, according to Dr. Foster. He comments as follows:

"In every severe infection, unless appropriate treatment is given, a point of no return (rarely apparent) is reached beyond which successful treatment is impossible. Speed in making a decision to treat is vital and we believe it is safer to err on the side of overdiagnosis since relatively little harm can come from vigorous treatment if not long continued."

Once the critical phase of the infection is checked, Dr. Foster recommends withdrawal of the potent antibiotics, all of which have side effects in prolonged use, and the substitution of milder drugs.

Dr. Foster cited statistics from the Lahey Clinic which indicate that the trend away from deaths due to infection has been reversed, largely because of these "new invaders." The latest data, compiled in 1961 from an 18-month study, disclose that 32 per cent of deaths are caused by infections, a rate similar to that which existed before the introduction of antibiotics in 1937. Many of these deaths are among the aged and infirm who are highly susceptible to resistant "staph" and gram-negative types of infection.

Dr. Foster's paper notes that there is a greater understanding of the resistant "staph" problem than that of disease caused by gram-negative types of bacteria, and that in the last two years synthetic penicillins, Prostaphlin and Staphcillin, have been effectively used against resistant "staph."

The antibiotic kanamycin was described by Dr. Foster as his first choice for treating infections caused by both staphyococci and gram-negative bacteria because the drug is highly effective against gram-negative bacteria alone, staphylococci alone, and against these organisms together.

Suburban Club Names Novotny

Joseph Novotny has been appointed to the post of assistant sales manager, to fill the vacancy created by the recent death of James F. Wheat, it was announced by Morton Lapides, vice president and general manager of Suburban Club Carbonated Beverage Co., Inc.

Mr. Novotny has been with Suburban Club, Maryland's largest general line soft drink producer since 1936, when he began his career in the carbonated beverage field as a route salesman. Since 1949, he has been a route manager in every section.

His new duties as assistant to Richard F. Hupfield, general sales manager, will bring him into contact with virtually all soft drink retailers in the Baltimore Metropolitan area.

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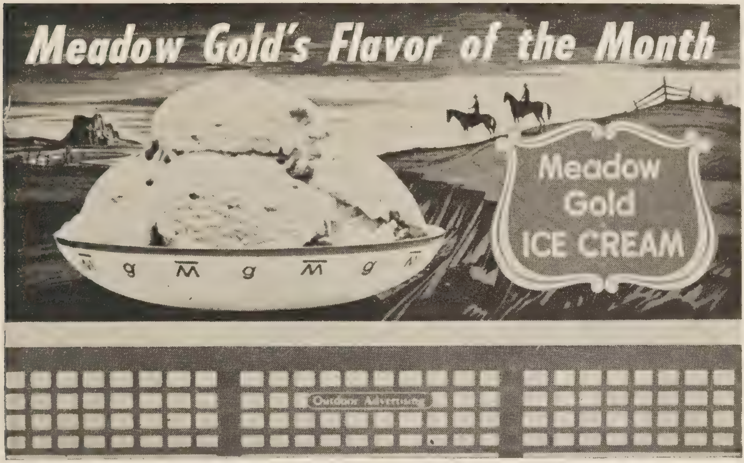
*Postgraduate Medicine, Vol. 33, No. 1, Jan. 1963.

**Gram-negative bacteria include: Escherichia coli, Klebsielia-Aerobacter, Proteus, Pseudomonas.


Meadow Gold's Flavor of the Month
Meadow
Gold
ICE CREAM
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Now! The Greatest Outdoor Advertising Campaign in MEADOW GOLD History!

50 BILLBOARDS

Strategically located all over town featuring the "Flavor of The Month", month after month for a full year!

☆

Tie-in with this great promotion! Feature the MEADOW GOLD "Flavor of The Month" and CASH-IN with bigger sales!

Here's Understandable Proof That Quality Stabilization Is Not "Price-Fixing" And Is Not "Fair Trade"

In 1919 the Supreme Court held in the **Colgate** case that a seller, **acting alone**, could announce the prices at which he desires a buyer to resell his branded products, and, **acting alone**, refuse to sell again to any buyer who did not observe his established resale prices.

Under **Colgate**, the trademark owner (the manufacturer) may neither exact nor accept from any reseller, as a condition of any sale to the reseller, any promise or agreement that the goods will be resold at the manufacturer's preferred prices. But the manufacturer can refuse to sell again—"for any reason or for no reason at all."

However, many manufacturers make their trademarked products available to retailers only through wholesalers. Wholesalers often supply—to each of many dealers—many products. So wholesalers — understandably — cannot undertake to discard dealer customers from time to time because such dealers may fail to conform to a single manufacturer's ethical standards.

That's why—to protect the good reputation of his quality products, and to protect ethical resellers and the public—the quality manufacturer needs the Quality Stabilization Bill to enable him to reach past his wholesalers and terminate the use of his trademark by a dealer who abuses it.

Thus the Quality Stabilization Bill merely gives effect to a logical extension—of the principle of the **Colgate** decision—to resellers who are subordinate to a manufacturer's direct wholesale customers.

The important thing to note is that the **Colgate** doctrine has never been considered "price-fixing" in an antitrust sense. Legally speaking, price-fixing has always been limited to arrangements based on agreement either expressed or implied.

Under **Colgate**, a seller can suggest a resale price, saying to the buyer, "If you don't maintain the resale price, you will lose the privilege of buying my products." Similarly, under the Quality Stabilization Bill, the seller (manufacturer) says, to all who resell his products, "If you don't maintain my price, you will lose the privilege of making any further use of my brand name."

The effect of the Quality Stabilization Bill, as to prices is, and clearly should be—no more unlawful than a manufacturer's refusal to deal under the **Colgate** doctrine. Fair Trade rests upon a contractual system of price maintenance. The **Colgate** doctrine, as honored in the Quality Stabilization Bill, rests solely upon the independent action of the trademark owner. That means no contract, no agreement as to prices.

Therefore, since **Colgate** is not "price-fixing", neither is Quality Stabilization. And since Quality Stabilization neither condones nor requires any agreement, written or oral, between a manufacturer and any reseller, relating in any way to prices, Quality Stabilization cannot in good conscience be called "Fair Trade."

Quality Stabilization is, instead, a clean and lawful defense for the quality manufacturer who is unwilling to have his trademark—his good name—used as store traffic bait—and who is unwilling to break faith with his resellers—and with the public—by squeezing quality and value out of his product to meet the demands of cannibalistic retail monopolists for lower and lower prices with which to destroy the traditional American system of distribution through ethical resellers.

Motorists in 1962 raced down the nations highways to a new—and tragic—auto death record which for the first time exceeded 40,000 fatalities. The previous high was set in 1941 when 39,969 persons lost their lives on the highways.

BE PROUD YOU PICKED NORTH AMERICAN MONEY ORDERS

. . . and kissed money order worries good-bye!

Were you one of the hundreds of pharmacists in the Maryland area that started writing money orders the North American way last year? You have good reason to be proud of yourself! You selected the most dynamic outfit in the field—the one who offered the most for you. You've received a high rate of commission all year long; you've gotten real behind-the-scenes help with a smooth-working organization that keeps mistakes at a minimum; you've gotten the sort of point-of-sale advertising sendoff you need to let your customers know you sell money orders. And you've even received terrific help in new, efficient machinery that cuts checkwriting time to an absolute minimum. If you were one of the few who didn't make the switch to North American—don't let this year see you mired in check-writing problems. Join the North American team today!

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PRINCE GEORGES-MONTGOMERY COUNTY PHARMACEUTICAL ASSOCIATION

INSTALLATION DINNER
Saturday, May 18, 1963
"Top of the Park Room"—Woodner Hotel
3636 16th Street, N.W., • Washington, D.C.
GUEST SPEAKER—
FRANK LOBRAICO
President
National Association Retail Druggists

Social Security Benefits

You may be asked the question—"Do I have to have a birth certificate to get Social Security benefits?" The answer is "NO." You do not need a birth certificate to file a claim for old-age benefits. Naturally, a birth certificate is the best evidence that one was born at a specific time and place. But there are other records of your age which are acceptable for our purpose. Until retiring people in the future are born after the point when records of birth were kept by public law, it will be necessary, in a large percentage of cases, to require evidence of age in some other form. District offices have a listing of records of age and birth, one or more of which may be available to you. There are about 20 items listed pertaining to age proofs alone. This list is available to anyone interested. It is called Form OA-C9. If you are nearing retirement age, or want to have some idea of the many documents pertaining to your age which may exist, feel free to ask for it.

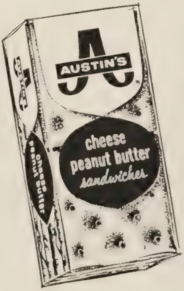
There are two types of birth certificates. One is filed at the time a person is born. Any other record is "Delayed." If your birth wasn't recorded when you were born, don't go to the trouble of establishing a "delayed" record for Social Security purposes.

We have a saying which goes, "Inquire Before you Retire." This pertains to age as well.

Check on an original record. Your local vital statistics people are glad to be of assistance. If your birth wasn't recorded at that early date, there are many ways to prove your date of birth. Advice is free. Social Security district offices are located at 3107 Greenmount Avenue, 535 St. Paul Street and 509 Crain Highway, S.E. in Glen Burnie.

Pharmacy Students For Summer Jobs

The Association has a list of students from all parts of the state enrolled in the School of Pharmacy of the University of Maryland at College Park who desire summer employment. Write or call the office for a student desiring work in your area.



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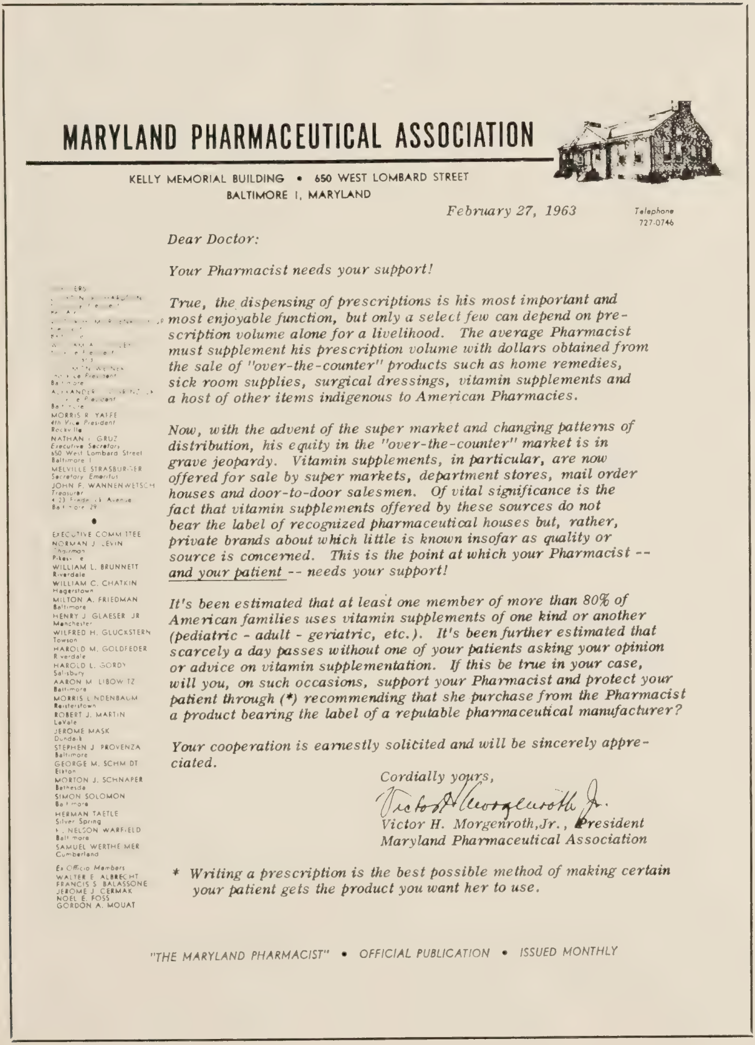
fast profit!
serve your customers the best

America's Favorite . . . Baltimore's Own

AUSTIN'S
5c & 10c Cracker, Cookie and Cake
SNACK VARIETIES

THIS LETTER WAS MAILED TO ALL PHYSICIANS IN THE STATE OF MARYLAND.



MARYLAND PHARMACEUTICAL ASSOCIATION

KELLY MEMORIAL BUILDING • 650 WEST LOMBARD STREET
BALTIMORE 1, MARYLAND

Telephone
727-0746

February 27, 1963

Dear Doctor:

Your Pharmacist needs your support!

True, the dispensing of prescriptions is his most important and most enjoyable function, but only a select few can depend on prescription volume alone for a livelihood. The average Pharmacist must supplement his prescription volume with dollars obtained from the sale of "over-the-counter" products such as home remedies, sick room supplies, surgical dressings, vitamin supplements and a host of other items indigenous to American Pharmacies.

Now, with the advent of the super market and changing patterns of distribution, his equity in the "over-the-counter" market is in grave jeopardy. Vitamin supplements, in particular, are now offered for sale by super markets, department stores, mail order houses and door-to-door salesmen. Of vital significance is the fact that vitamin supplements offered by these sources do not bear the label of recognized pharmaceutical houses but, rather, private brands about which little is known insofar as quality or source is concerned. This is the point at which your Pharmacist -- and your patient -- needs your support!

It's been estimated that at least one member of more than 80% of American families uses vitamin supplements of one kind or another (pediatric - adult - geriatric, etc.). It's been further estimated that scarcely a day passes without one of your patients asking your opinion or advice on vitamin supplementation. If this be true in your case, will you, on such occasions, support your Pharmacist and protect your patient through (*) recommending that she purchase from the Pharmacist a product bearing the label of a reputable pharmaceutical manufacturer?

Your cooperation is earnestly solicited and will be sincerely appreciated.

Cordially yours,

Victor H. Morgenroth Jr.

Victor H. Morgenroth, Jr., President
Maryland Pharmaceutical Association

* *Writing a prescription is the best possible method of making certain your patient gets the product you want her to use.*

[illegible]
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[illegible] Vice President
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Anticoagulant Information

A new technical booklet on anticoagulants describing the uses and specifications of Heparin Sodium, U.S.P., and Bishydroxycoumarin, U.S.P., is now available from Abbott Laboratories, North Chicago, Ill.

Heparin is a natural substance that can act as an anticoagulant for the blood of man and other animals. Abbott Heparin is highly purified and especially suited to the manufacture of solutions for injection. The booklet describes the uses of Heparin in thrombosis or embolism and covers a number of other major disease areas. Heparin will permit the preparation of clear, colorless, free flowing parenteral solutions even when high concentrations are desired.

Pharmaceutical preparations of Heparin can also be used in atherosclerosis or hyperlipemia, as well as a number of other diseases where an anticoagulant is indicated.

Heparin has been the subject of considerable research and a number of new applications are described in the booklet. In addition, precautions and side effects are discussed in detail.

Bishydroxycoumarin (a synthetic drug) is also an anticoagulant. According to the booklet, where indications show the need for an anticoagulant for the control of intravascular clotting Bishydroxycoumarin is recommended. Dosage, precautions and contraindications as well as the clinical studies carried out on the product, are covered in the publication.

Copies (Bulletin #303) may be obtained by writing the Chemical Marketing Division, Abbott Laboratories, North Chicago, Ill.

Highway accidents in the U.S. took a record number of lives in 1962. About 40,500 people died on the nations highways last year, and more than 3,345,000 were injured.

Glue Sniffing A Health Hazard

Recent studies in Los Angeles, Miami and Denver of youngsters who have engaged in glue-sniffing have shown evidence that such practice results in both physical and mental damage.

The following is a summary of these studies as reported in the September, 1962 issue of the *City Health Officers News,* the monthly publication of the United States Conference of City Health Officers.

Three-month medical tests of children quartered in the Los Angeles Juvenile Hall have yielded evidence of physical damage from the spreading glue-sniffing craze among juveniles, many of whom bring on alcoholic-like jags—and new problems for health and police officers—from such ingredients as model-airplane cement and other compounds containing aromatic hydrocarbons.

Dr. Jacob Sokol, chief physician at the Juvenile Hall, examined 71 glue faddists aged 8 to 18 and a control group of children who hadn't indulged in the practice. Among the 71 sniffers—60 boys and 11 girls—69 had blood abnormalities and 62 had abnormal urine indicating kidney damage. Liver damage was indicate in four. No such abnormalities were founded by Dr. Sokol among the control group.

The glue habit is by no means confined to children who get in trouble with the law, Dr. Sobol added in a report of his findings to police and parole officers in Los Angeles. He said that many other juveniles who worry parents and baffle family doctors by suddenly complaining of weakness, headaches and dizziness are just suffering from glue hangovers.

These glue-sniffing effects were among those listed by Dr. Sobol: (1) Poor concentration and dullness. (2) Double vision. (3) Euphoria. (4) Long periods of sleep followed by acute hunger. (5) Pains in the head, neck, chest and/or legs. (6) Forgetfulness. (7) Sneezing (8) Coughing.

Alarming accounts of the prevalence of glue-sniffing also came from other sections of the country.

The glue habit has become "a king-size headache" for health and law enforcement authorities in Miami, the Associated Press reported. "Hallucinations or vivid dreams in color and extreme exhilaration" have been noted by sniffers there, according to the AP, which added: "Signs point to such long-range effects as loss of weight, low blood pressure, change of personality, brain and kidney damage and death."

Police who broke up five Miami area juvenile gangs accused of multiple burglaries and automobile thefts discovered that many of 33 boys arrested were sniffers who joined in the crime sprees while glue-exhilarated.

A study by two University of Colorado Medical Center researchers, published in the American Medical Association *Journal*, showed that arrests of young sniffers for crimes in Denver increased from 30 in 1960 to 134 in 1961. The study concluded that inhalation of the solvent vapors had become "a source of major concern."

In bulletins alerting local health officials to the craze, the U.S. Public Health Service has pointed to other sniffing episodes in Chicago, Salt Lake City, the District of Columbia and in Arizona, Texas and Colorado.

"It seems clear that such inhalation can cause a syndrome resembling acute alcoholic intoxication, and it remains unclear as to whether or not repeated inhalations can result in chronic toxicity," the USPHS said.

STATE LAW ON GLUE SNIFFING

Most recent effort to curb glue-sniffing in Maryland has been the enactment of a State Law which makes it a misdemeanor to sniff glue or other harmful substances which have the effect of dulling the brain or nervous system. The law, Chapter No. 53 of the State Laws of 1962, was approved by the Governor on March 23, 1962 and became effective June 1, 1962.

News And Notes

FIRMS ENFORCE FAIR TRADE

Some of the manufacturers who are enforcing their Fair Trade contracts are: Schering, Whitman, Breck, U. S. Time, Squibb, Shulton, Abbott, Lilly, Parke Davis, Upjohn and Youngs Rubber.

* * *

AREX CLUB ELECTS NEW MEMBERS

The Arex Club of Baltimore announced the election of the following to membership at the February meeting: Nathan I. Gruz, Morris Shenker, Robert Tobias, and John F. Wannenwetsch.

* * *

Donald O. Fedder, Co-Chairman of the Membership Committee of the Maryland Pharmaceutical Association and member of the Executive Committee of the Baltimore Metropolitan Pharmaceutical Association, serves as Chairman of the Youth Center Foundation Fund for the Optimist Club of Dundalk.

* * *

It is advisable to keep an eye on your magazine and book racks so that objectionable matter is under control. Reading matter that may be appropriate in other outlets may not fit into pharmacies where young people are patrons.

The magazine distributors will be glad to cooperate with your requests regarding titles you wish delivered to your pharmacy.

Gastric Antacids Evaluated

A 147 year old antacid preparation called Seidlitz Powders, sold over the counters of drug stores throughout the world, has been evaluated in the laboratories of Columbia University's College of Pharmacy along with a wide range of other commercially available gastric antacids. Seidlitz Powers, an official preparation of the National Formulary of the American Pharmaceutical Association, was found to have considerably greater acid neutralizing and buffering capacities than any of its modern day counterparts.

In a paper entitled "Critical In Vitro Factors in Evaluation of Gastric Antacids" presented by Professor Joseph L. Kanig of Columbia University's College of Pharmacy before a meeting of the American Association for the Advancement of Science in Philadelphia antacids were divided into two major product types, effervescent and non-effervescent. It was demonstrated that the effervescent types were superior in buffering capacity and acid neutralization to the non-effervescent types. And of the effervescent antacids, Seidlitz Powders N.F., neutralized almost three times more acid than any of the others on a dosage basis.

Each antacid was evaluated in a specially constructed apparatus designed to simulate conditions in the human stomach. Buffering capacity (or the maintenance of a desirable pH level while Hydrochloric acid (HCl) is added at a prescribed rate) was studied in this "glass stomach," as well as the degree and rate of acid neutralization.

In these tests, a dose of Seidlitz Powders neutralized 930 milliliters of HCl while a dose of the next best antacid neutralized 330 milliliters of HCl. The National Formulary product also exhibited a marked advantage in buffering capacity by maintaining a desirable pH level over a longer period of time than the other antacids tested.

An unexpected result of this study is the finding that solid, non-effervescent antacids containing compounds of aluminum, calcium or magnesium were inhibited in their activity by the presence of polypeptides of the type found in human gastric fluids. The liquid and effervescent forms of antacids exhibited no diminution of activity in the presence of these polypeptides.

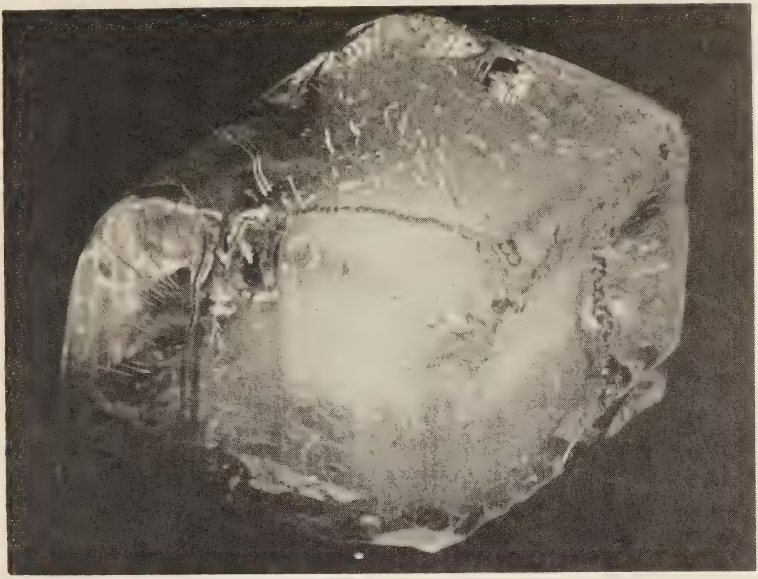
TRADING STAMPS lose favor among merchants in some regions.

The 1,000-store W. T. Grant variety chain will quit giving S&H Green Stamps. The reason cited: Stamps boosted sales but not enough to cover the extra cost of giving them. Great Atlantic & Pacific Tea Co. is undertood to be less than happy with trading stamps as a sales stimulant in some of its Upstate New York supermarkets. Says a New Jersey service station operator: "The gimmick is gone in trading stamps; everybody gives them and they don't do anything but cost me money."

Less than a third of Colorado's service stations give trading stamps compared with 95% last year, says a spokesman for the Petroleum Dealers Association of Colorado. But trading stamp companies insist any general discontent among trading stamp givers is minor, and contend they're signing up far more new customers than they're losing. S&H says a recent survey found 56% of all U.S. families save its trading stamps, compared with 51% a year ago.

New discount grocery stores cash in on their no-stamp policy by advertising that their prices are as much as 15% under conventional supermarkets which hand out trading stamps.

Studies by the Travelers Insurance Companies show driver error and lack of judgment were responsible for 32,300 deaths and more than 2,900,000 injuries on U.S. highways in 1962.



Thaw out business problems . . .
have a refreshingly cool summer
by enjoying Loewy Service.

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DRUG CO., INC.
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Thirty Drug Discoveries Listed

More than 30 major scientific achievements in 1962 were credited to the drug industry by Dr. Austin Smith, President of the Pharmaceutical Manufacturers Association.

Speaking in New York to an eastern regional meeting of the association, which embraces 141 firms manufacturing 95 percent of the nation's prescription drugs, Dr. Smith said 1962 has been a productive year for better health, and "one in which the pharmaceutical industry could take just pride."

Among the industry discoveries cited by Dr. Smith were three new cancer agents, a life-saving drug for the treatment of shock, a semi-synthetic penicillin which controls a variety of penicillin-resistant bacteria, a new and safer inhalation anesthetic, a live measles vaccine, a visual technique for the detection of syphilis, and the first organic bone mixture suitable for use in orthopedic surgery.

Promising work was also done, he said, in basic enzymology, cardiovascular research, laboratory synthesis of steroids and antibiotics, and in the production of vaccines and hormones.

"A good deal of research for human betterment trespassed in other fields," he said, "leading to improvements in agriculture, animal husbandry, chemistry, biology and medical science."

As an example, he cited the work of one company which resulted in medical equipment that permits an increase in the number of open heart operations that can be performed, and other equipment that permits large quantities of blood plasma to be obtained from relatively few donors.

Dr. Smith also reviewed the drug industry's contributions in 1962 to the development of sound drug control legislation; to efforts to learn more about drug safety; to more effective exchange of scientific information; to the nation's wealth and balance of payments; and to schools, hospitals, universities, overseas projects and numerous other en--deavors.

Dr. Smith was critical, however, of Department of Defense practice in purchasing drugs abroad.

"As far as I am concerned," he said, "this is false economy. Such purchases not only contribute to the outflow of U.S. gold but also keep Americans from jobs and reduce company earnings and government tax receipts."

In fact, he said, according to newspaper reports, some of the products of foreign firms are the stolen fruits of U.S. research.

Dr. Smith said a bill to prohibit Government agencies from purchasing drugs from foreign firms that have pilfered U.S. trade secrets had already been introduced into Congress, but he "hoped the Department of Defense can see the wisdom of voluntarily modifying its procurement policies."

Dr. Smith said the drug industry is determined to maintain its leadership in the fight against disease, and said its greatest concern must continue to be the health, happiness and welfare of the greatest number.

American Druggists Insurance Company Annual Meeting

The Regular Annual Meeting of the American Druggists Insurance Company was recently concluded. The meeting developed a number of interesting matters, including the election of some new Directors and Officers.

As the company has pharmacist stockholders located in every state of the union, the fact that a dividend amounting to 10% in the par value of the company stock, amounting to $2.50, plus an additional 50c, for a total of $3.00, payable March 1, 1963, will be good news to every company stockholder.

To succeed Frank W. Moudry, the company stockholders elected Mr. Frank

NOW YOU CAN SERVE HOT
IN-FRA-RED TOASTED SANDWICHES
WITHOUT EQUIPMENT OR LABOR COST!

A NEW NATIONAL SERVICE, Stewart In-Fra-Red, Inc., will provide you with a Stewart In-Fra-Red cookery and fresh cellophane wrapped sandwiches delivered regularly to your store. Placed in the cookery, the sandwiches are toasted in three mintutes by modern efficient in-fra-red cooking. You serve the sandwiches to your customers sanitarily wrapped in cellophane.

WHAT DOES THIS COST YOU . . . NOTHING . . . not one penny for equipment, lease, or hidden charges. All you do is purchase a minimum of sandwiches each week. Your Stewart In-Fra-Red Commissary furnishes you with the attractive Stewart In-Fra-Red Cookery and delivers fresh sandwiches of choice ingredients made with the complete approval of your Board of Health. Attractive menu signs also furnished.

THE NEW IDEA . . . originated by Stewart In-Fra-Red, Inc., . . . is in over 15,000 fountain and food service concerns in cities from coast to coast. Every Stewart In-Fra-Red Commissary is an established local business. You may consult your Chamber of Commerce, Dun and Bradstreet, and Better Business Bureau.

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Lobraico of Indianapolis to the Board of Directors.

He is now serving as President of the National Association of Retail Druggists and has held many other important posts in that and other organizations.

Mr. C. S. Heimstreet, formerly of Lake Mill, Wisconsin, and now of St. Petersburg, Florida, was succeeded by Mr. Norbert W. Brungs, who has been actively connected with the company since 1946, serving in a number of capacities. Mr. Brungs was also elected a Vice President.

Dr. George D. Beal of Pittsburg and Merritt Island, Florida, has devoted a life of service to drugdom, and who has served in practically every important post with the American Pharmaceutical Association; who has also been a member of the company Board of Directors and its Executive Committee for many years, was elected Senior Vice President.

Mr. John S. Rutledge of Akron, Ohio, who has served the company as President for many years, assumed the position of Chairman of the Board of Directors. His position as President was filled by David P. Pickrel, who has previously been Secretary and General Counsel of the company for many years.

Other important Officers include Russell I. Crispin who continues in the post of Treasurer and Donald B. Ahlers, who was elected Secretary and Assistant General Counsel.

The company reported to its stockholders, at its Annual Meeting, that it now insures more drug stores than ever before in the history of the company and that its savings to the druggists of the country in its lower premium costs, has amounted to over $11,250,000.00 throughout the years. In addition, the company has paid out to druggists well over $12,000,000.00 in losses. The premium writings of the company reached an all time high, as did its surplus. The company claims to now insure approximately half of the retail drug stores of the country.

The company was formed in 1906 by druggists to better serve the drug trade in their insurance needs at the lowest safe cost. It has carried out this purpose for 57 years, all intended for the benefit of the drug trade. The company has agents and operates in 38 states of the country, with Home Offices in The American Building, Cincinnati, Ohio.

Diet and Heart Disease . . .

If all the contradictory information about what you should or should not eat to avoid heart disease has you wondering what you should do to guard your health, a statement released by the American Medical Association October 12, 1962, is very important to you.

The statement is the result of the deliberations of America's top nutrition and health authorities who have analyzed carefully all of the information available at this time.

Before you consider any changes in your diet, read this statement, *the full text* of which follows:

Latest Food Fad is Wasted Effort!

Scientific reports linking cholesterol and heart attacks have touched off a new food fad among do-it-yourself Americans. But dieters who believe they can cut down their blood cholesterol without medical supervision are in for a rude awakening. It can't be done. It could even be dangerous to try.

There are several reasons why.

For one, an individual cannot know how much cholesterol his blood contains until this is determined by laboratory tests. By the same token, he cannot know whether any diet changes have raised or lowered his blood cholesterol level unless it is scientifically measured.

In the second place, a person's entire food intake must be precisely regulated to lower blood cholesterol. Willy-nilly substitution of a few food items without over-all control of the diet accomplishes little if anything in reducing cholesterol.

What is more important, the elimination of certain foods of proven nutritional value could be detrimental to health.

Success in reducing blood cholesterol by dietary regulation so far has been achieved only in strictly controlled experimental groups, and use of this method remains largely experimental.

The carefully calculated diets used in medical research to lower cholesterol actually are not yet of practical importance to the general public.

There have been few investigations on the effect of different types of fat in the normal diet over a long period of ime for this reason, it is not known what type of fat, if any, may be beneficial in preventing heart disease, nor is it known that certain fats are harmful. Moreover, it has not been determined whether a significant change in cholesterol levels can be obtained in the American population by dietary means.

While much remains to be learned about cholesterol and other aspects of nutrition, scientists do know that the American diet provides all the nutrients essential to health and that a varied diet is the best way of maintaining high level of health. The virtual absence of dietary deficiency diseases in this country attests to this fact.

The American diet did not happen by accident. It resulted from much accumulated research and experience. Any

The
Burrough Bros.
MANUFACTURING CO.
Quality
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Since 1863

123 MARKET PLACE
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changes in a diet of such proven worth must await much more study and experience.

It is for these reasons that neither the Food and Nutrition Board of the National Research Council nor the AMA Council on Foods and Nutrition has recognized the need for modification of dietary fat for the general public.

For good nutrition, the AMA council recommends a well-balanced diet chosen from these four basic food groups:

The Milk Group—milk, cheese, ice cream.

The Meat Group—beef, veal, lamb, pork, poultry, eggs, and fish.

The Vegetable-Fruit Group—fruits and vegetables rich in vitamins A and C.

The Bread-Cereal Group — whole grain, enriched or restored.

Butter, margarine, fats or oils also are needed.

Even those on weight-reduction regimens need food from all these groups.

Although some day science may come up with a diet that can prevent heart disease, such a development appears to be well into the future.

It probably would take a generation to prove whether any diet can reduce deaths due to heart or blood vessel disease.

To test such a theory adequately requires a large-scale, long-term study, Surgeon General Luther L. Terry said recently. Since scientists do not know whether such a mass study of diet modification could be carried out, he said, the essential first step is to find out. The surgeon general announced that five medical centers would begin a joint effort this year to seek the answer. This preliminary study alone is expected to take two years.

In the meantime, advancing knowledge may reveal other factors of possibly more importance than cholesterol in heart disease. For example, the effect of various kinds and amounts of carbohydrates, such as sugars and starches, is being investigated, and there is some evidence they may be a factor in this disease process.

At the same time, researchers are seeking other ways to lower cholesterol. Some experts believe drugs will eventually prove to be the preferred method.

It should also be remembered that an elevated blood cholesterol level is only one of the factors implicated in heart disease. Other important factors are heredity, high blood pressure, stress, and smoking.

The anti-fat, anti-cholesterol fad is not just foolish and futile, however. It also carries some risk.

When certain foods are dropped from the diet, they must be replaced by foods containing the same nutrients, or the lost nutrients must be made up with additional foods, to achieve adequate nourishment. This requires, among other things, a precise knowledge of the nutritional content of specific quantities of a whole range of food products. And this is where the danger arises. Without this knowledge, the average person is unable to replace the nutrients he loses when he decides to stop eating certain foods and thus runs the risk of shortening his body of some essential nutrients.

The current concern about diet reflects a healthy interest on the part of the public. This interest should be directed away from hopeless pursuits to a worthwhile goal that can be attained by most individuals—maintaining normal weight. Overweight plays the villain in many diseases, and overweight can be avoided by not eating more calories than the body needs.

PATRONIZE
OUR ADVERTISERS
THEY ARE OUR FRIENDS

OBITUARIES

AMELIA C. DeDOMINICIS

Miss Amelia C. DeDominicis, pharmacist and State Health Department chemist, died February 15, 1963.

A native Baltimorean, Miss DeDominicis was graduated from the University of Maryland School of Pharmacy in 1931 and received M.S. and B.S. degrees from the university.

Se was a member of the university's pharmacy faculty and served in the botany and pharmacognosy department from 1932 until 1942 when she joined the State Health Department.

She was a charter member of the Epsilon Chapter of the Lambda Kappa Sigma international pharmaceutical sorority and was grand president of the international sorority from 1948 to 1959. She was also grand editor of the organization from 1952 to 1962.

Miss DeDominicis was a member of the Maryland Pharmaceutical Association, Rho Chi honorary pharmaceutical society, the Quota Club of Baltimore and the Women's Auxiliary of the American Pharmaceutical Association.

She is survived by two sisters and a brother, Clorinda, Theodora and Frank DeDominicis.

JAMES A. ALLEN

James Albert (Buddy) Allen, First Vice-President of the Travelers Auxiliary of the Maryland Pharmaceutical Association, died on February 23, 1963. He was born in Baltimore, educated in the Baltimore public schools and served in the Army during World War II.

He was a salesman for the Hendler Creamery Company for ten years in Prince George, Montgomery, Howard and Anne Arundel Counties.

Buddy Allen was an organizer of the Christmas parties T.A.M.P.A. presented for children and acted as Santa Claus. He also arranged the many successful dances of T.A.M.P.A. and worked hard to make the last dance especially outstanding.

He is survived by his wife, the former Emma A. McAvoy.

His presence will be greatly missed in T.A.M.P.A.'s activities during the years.

JOHN A. BRAWNER

John A. Brawner, President of E. B. Read & Son, manufacturers of labels, died on February 6, 1963. He is survived by his wife, Mrs. Dorothy Mary Brawner (nee Schuh), two daughters, Miss Dorothy Lillian Brawner and Mrs. Joan Brawner Rausch, and five grandchildren.

HELEN H. KAMINSKI

Helen H. Kaminski, President of the Ladies Auxiliary of the Maryland Pharmaceutical Association and wife of pharmacist Felix H. Kaminski, died on March 5, 1963.

A native of Baltimore she was the daughter of Frank T. Hartka and the late Pauline Hartka.

A stenographer at the State Roads Commission, Mrs. Kaminski was a graduate of St. Casimir's Parochial School, Seton High School and Strayer's Business School.

Besides her father and her husband, she is survived by one daughter, Phyllis, a freshman at Georgetown University School of Languages; and two sons, Paul, a member of this year's graduating class at the University of Maryland School of Medicine, and Frank, a junior at Loyola High School.

Helen Kaminski, a devoted member of L.A.M.P.A., was active in the programs of the organization.

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Lady Borden is as fine as ice cream can be—a super quality which is making friends for Borden dealers and for us. Suggest it to your customers and be ASSURED of repeat sales.

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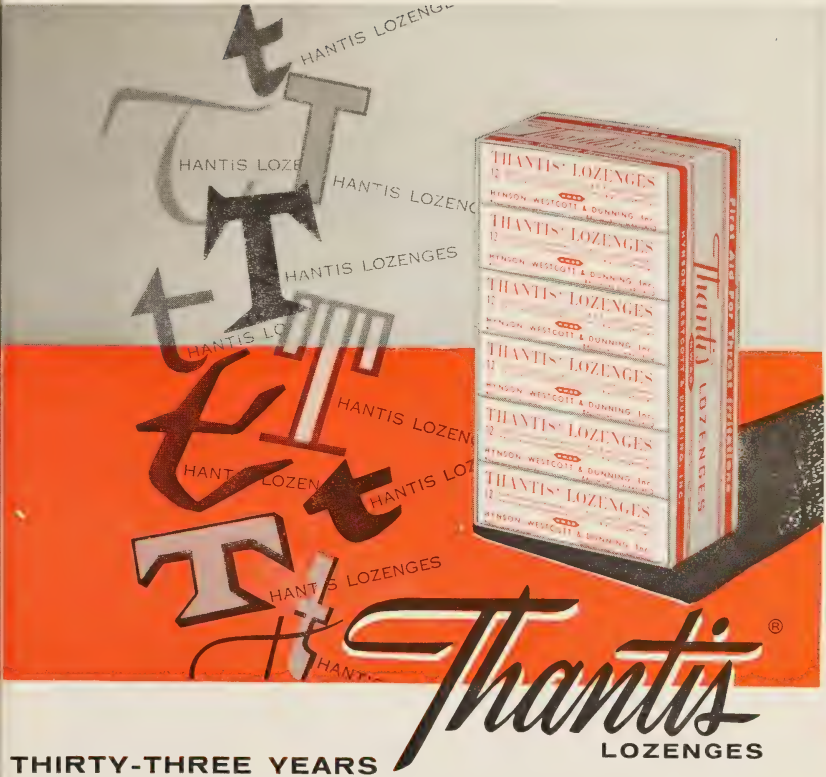
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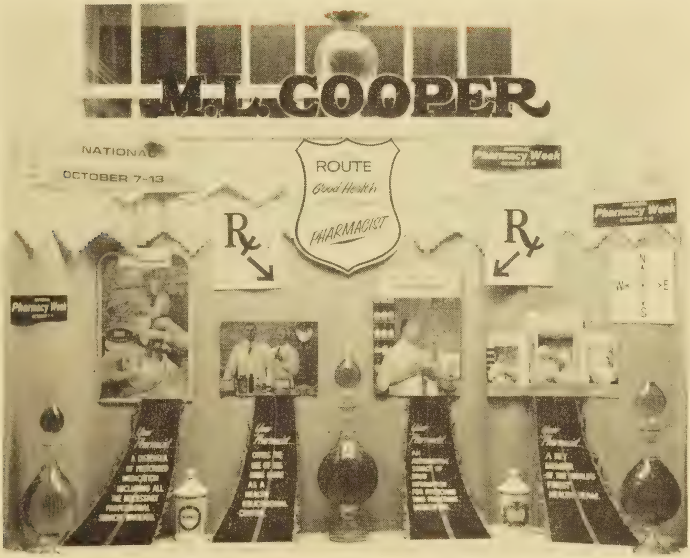
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AMERICAN PHARMACEUTICAL ASSOCIATION

VOLUME XXXVIII - NO. 6 MARCH 1963

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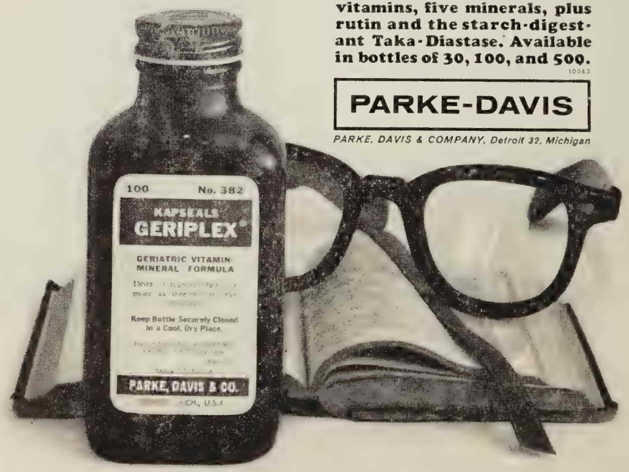

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The Maryland Pharmacist

— NATHAN I. GRUZ, Editor —

Volume XXXVIII MARCH, 1963 No. 6

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Editorial . . . . . .

New Maryland Pharmacy Laws

With the enactment of two bills by the State legislature, we believe that pharmacy in Maryland has taken several giant steps forward. Upon signature by Governor Tawes, the laws will go into effect on June 1, 1963.

Two bills—H.B. 371 and 372—were drafted by the Maryland Pharmaceutical Association and introduced by Delegate Chester G. Kosakowski in February 1963.

The full text of the bills are printed elsewhere in this issue of the Maryland Pharmacist but it is important to point out several salient features.

HOUSE BILL 371

House Bill 371 grants the Board of Pharmacy disciplinary power over pharmacists for acts of grossly unprofessional conduct. These acts are specified. The paying of rebates, which constituted a violation under the law already in effect, is now listed as one of these unprofessional acts.

Other prohibited acts of unprofessional conduct:

(1) The providing of imprinted prescription blanks to medical practitioners. More than fifty percent of the physicians in Maryland declared that this practice was unprofessional and tended to create the impression on patients of some collusion between physician and pharmacist.

(2) The association by a pharmacist as a partner, co-owner or employee of a pharmacy, wholly or substantially owned by a physician, dentist, etc., or group thereof. The profession of medicine which prescribes medication was separated from the profession of pharmacy which provide medication. This provision prevents the possible exploitation of the patient which may occur when there is a conflict of interest.

(3) The advertising to the public by any means, in any form or through any media, the prices for prescriptions, dangerous or non-proprietary drugs, or fees for services relating thereto or any reference to the price of said drugs or prescriptions whether specifically or as a percentile of prevailing prices, or by the use of the terms "cut rate," "discount," "bargain" or terms of similar connotation.

Providing professional services such as rendered by the pharmacist in dispensing prescriptions cannot be maintained at professional standards when promotional or merchandising methods are utilized. Prescription services must not be used as "bait" or "loss-leaders." Integrity, quality, professional service and the welfare of the patient must always come first when engaged in ministering to the health needs of the public. There is no place for practices that degrade a health profession to the market place of purely commercial transactions where "volume" or "profit" supersede professional ethics.

(4) The advertising or claiming to the public of professional superiority in the compounding or filling of prescriptions or in any manner implying professional superiority which may undermine public confidence in the ability, character and integrity of other pharmacists.

Here again, the pharmacist as a professional man, must enhance his standing with his clientele and with other professions on the basis of the standards he maintains in providing pharmaceutical services. A particular pharmacist will be recognized in his community on the basis of his performance, demeanor and character as well as personal appearance and the appearance of his establishment. Both laymen and physicians quickly conclude which pharmacists are primarily interested in providing professional pharmaceutical services. They soon realize whether the pharmacist grants priority to making a "quick buck" or to being an active co-

50 TABLETS
CHILDREN'S CHEWABLE ASPIRIN ALUMINUM
CHILDREN'S CHEWABLE ASPIRIN ALUMINUM
TO CLOSE, PRESS SIDES

Why would anyone pay 10¢ more for this children's aspirin?

Aspirin is aspirin—to anyone but a youngster. To him, the little things—flavor, color, sweetness, aftertaste—seem very important indeed. Especially if he isn't feeling well.

This new children's aspirin from Abbott is just a little more pleasant for him to take.

The difference can be expressed in one word: Aluminum. Most aspirins are formulated as an acid. The Abbott aspirin is presented as the neutral aluminum salt. Result: (1) Stability is enhanced (2) The cherry flavor is protected (3) There is little or none of the acid stomach upset often caused by ordinary aspirin.

This flavor advantage was very clearly pointed up in a series of tests at a major children's hospital. The new, cherry-flavored tablets were preferred 3 to 1 over the other leading children's aspirins.

Finally, there's the safety cap—probably the best one in your store. Difficult for children to remove, the snap-action cap is easily opened and closed by adults once they know the secret.

Suggested price for this new product: 49¢ for 50—about a dime more than other well-known brands. But see if a parent ever switches back—once you've sold the one with aluminum.

75TH ANNIVERSARY
ABBOTT

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worker in the health profession with patient welfare ranking foremost.

Claiming professional superiority sows suspicion about the profession of pharmacy in general and undermines the confidence of the public in other pharmacists. In the long run, such claims boomerang upon the very one who advertises or makes such claims.

HOUSE BILL 372

H.B. 372 lays down the following additional requirements which must be met in order for a permit to conduct a pharmacy to be issued or renewed:

(1) Service must be available to the entire public. This prevents the establishment of a pharmacy which is open only to members of a certain group.

(2) Complete pharmaceutical service must be offered with all prescriptions within reason compounded or dispensed. Ingredients usually called for in compounded prescriptions must be generally available. Quantities other than those in original packages must be available to the public.

(3) The said pharmacy shall not offer professional services under terms and conditions which tend to interfere with or impair the free and complete exercise of professional judgment skill or enter into any agreement which denies the patient the right of free choice of pharmacists.

This is a general provision which prohibits such practices as mail-order prescriptions where the proper physician-patient-pharmacist relationship is absent.

(4) Violation of H.B. 371 not only places the individual pharmacist's license in jeopardy but also constitutes a violation of H.B. 372 which subjects the pharmacy license to disciplinary action.

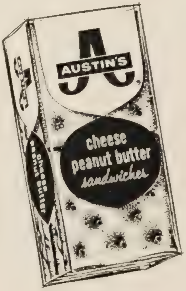
Pharmacists and all other persons involved in the ownership and management of pharmacies have the responsibility to be familiar with these new laws and to abide by their provisions.

We are confident that by carrying out both the spirit and letter of the law, great progress will be made in advancing the practice of pharmacy in the public as well as the profession's interest.

Our appreciation goes to the officers and members of the legislative committee of the Association who devoted so much time and effort working with legal counsel to draft these laws and see them through. Of course, we are also deeply indebted to the General Assembly of Maryland and in particular to the efforts of pharmacist Delegate Chester G. Kosakowski who introduced the bills.

This is a perfect example of team work—all in pharmacy under the leadership of the state pharmaceutical society—cooperating to achieve a significant victory.

fast turnover!
fast profit!
serve your customers the best



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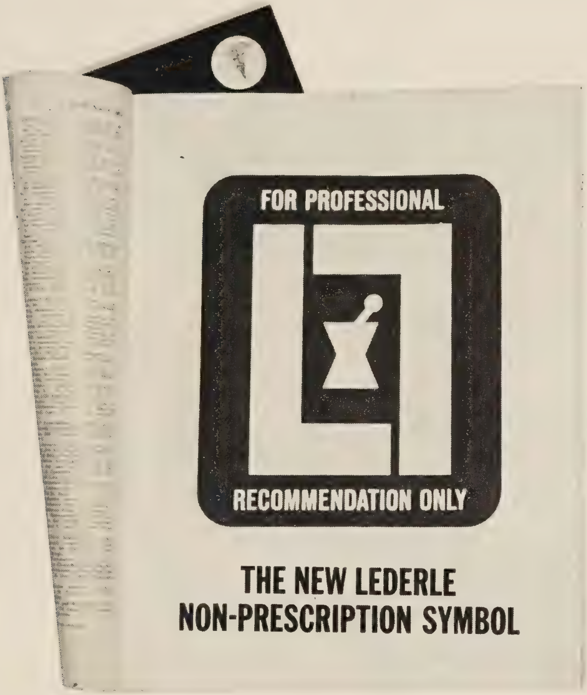

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Today, with the cost of medical care often the subject of discussion, it is imperative that only highest quality products be recommended so that the purchaser receives full value. Lederle quality control goes far beyond ordinary procedures. For full value recommend Lederle products.

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President's Message . . . . . .

Dear Fellow Members:

For several months, this message has been critical of different phases of our operations as a pharmaceutical association but this is one message where real confidence in membership is re-established.

Certainly the membership is to be congratulated on several scores. First of all, it is paramount for you to know that our legislative program was 100% successful. This is due in no small manner to the entire cooperation of all the membership. I do feel that I should signal out certain members for their particular leg work in accomplishing this task. Certainly the pharmacist member of the Legislature, Chester G. Kosakowski, Jerome Mask, Chairman of the Legislative committee, and Aaron Libowitz, along with Secretary Gruz, accomplished great strides in short periods of time.

The legislative program, one of the main themes of the Spring Regional Meeting, will be reported in full to you.

The program undertaken with the parties concerned in regard to Medical Care prescriptions is also progressing satisfactorily to all concerned.

It is now incumbent upon the membership to make arrangements for the Convention to be held in Atlantic City June 24-27. Only the continued cooperation of ALL the membership will make this an outstanding week. The program is finalized, we hope, to your complete satisfaction since it will deal with all of the problems with which we are confronted today. Mr. Edward F. Keating of Merck Sharp & Dohme is bringing one of his famous panels to discuss major problems facing us today, but then more of this in the very near future when you will see the complete program.

Sincerely,

VICTOR H. MORGENROTH, JR.
President

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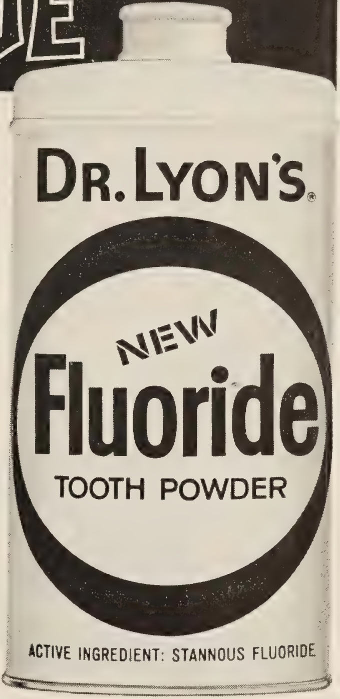
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ACTIVE INGREDIENT: STANNOUS FLUORIDE

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SO DISPLAY, PROMOTE, RECOMMEND DR. LYON'S NEW FLUORIDE TOOTH POWDER

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Secretary's Script . . .

A Message from the Executive Secretary

During the past year, your officers and Executive Committee have been concerned with many matters which affect the welfare and survival of the profession of pharmacy. They have directed that the efforts of the Association be concentrated on some of the crucial issues besetting Pharmacy these days.

In particular, a "crash program" was insisted upon to assure enactment of vital legislation. This, as you know, has been secured. Your Legislative Committee and Secretary also screened the several thousand bills introduced in the Senate and House to study those affecting our profession.

Legislative success does not just happen—it must be planned. Many diverse groups must be coordinated. Involved are countless day and night meetings and conferences. Legal counsel must be constantly consulted. Contacts throughout the state must be effected at strategic times. Visits to Annapolis must be made.

An issue of high priority is the expansion of direct selling by manufacturers to retailers, by-passing wholesalers. This has been brought to the attention of the American Pharmaceutical Association and has been made the subject of a panel discussion at the forthcoming convention. We believe all the facts of this development should be known to you. Representatives of all viewpoints will participate in the discussion.

The Medical Care Program has also been the target of great Association effort. There are many inequities in the pharmacy services part of the program. Your Association has spent considerable time and effort in attempting to resolve the just claims of pharmacists. It is hoped that by Convention time important progress for pharmacists in the Medical Care Program can be announced.

Nathan I. Gruz

Executive Secretary

Excessive speed continued to be the Number One Killer on the nation's highways in 1962. Nearly 13,000 traffic deaths were directly attributable to speeding.

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Fresh, brand-new, air-tight Package.
Ready to be delivered by your Agent.
Flexible-optional features Designed For You.
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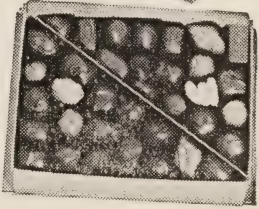

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BALTIMORE 1, MARYLAND

—NOTICE—

To the 1963 Graduates:

The Maryland Board of Pharmacy will conduct examinations for registration as pharmacists at the school of Pharmacy of the University of Maryland, Baltimore.

These examinations will begin at 8:00 A.M. each day on Monday, Tuesday, and Wednesday, June 17, 18, and 19, 1963.

Please come to the Office of the Board of Pharmacy in Room 408 of the State Office Building, 301 West Preston Street, Baltimore 1, Maryland, to complete and file your application for this examination.

Please bring with you a recent photograph of yourself at least 3x3 inches in size. You must also bring a check for $25 made payable to the Maryland Board of Pharmacy. An additional $1 (preferably in cash) should be submitted for notarial fees. **Do not include this latter $1 fee in the check made payable to the Board of Pharmacy.**

F. S. BALASSONE, Secretary
Maryland Board of Pharmacy

Drug Store Changes for March

Closed

Drug Fair of Maryland, Inc., Drug Fair No. 5 3191 Queens Chapel Road, Mount Rainier, Maryland.

New

Security Pharmacy, Joseph Freiman, Pres. & Paul Freiman, Vice-Pres., Security Boulevard & Clark Avenue, Woodlawn 7, Maryland.

Prescription Arts, Inc., Robert K. Moler, President, 44 W. Potomac Street, Brunswick, Maryland.

Change of Ownership

Weiner's Pharmacy, Philip P. Weiner, Prop., 5501 Reisterstown Road, Baltimore 15, Maryland. Formerly owned by Solomon Weiner.

Prescription Arts, Inc—T/A Medical Arts Pharmacy, 801 Tollhouse Avenue, Frederick, Maryland (Was Frederick Medical Arts Pharmacy, Inc.)

Prescription Arts, Inc.—T/A Professional Arts Pharmacy, 228 North Market Street, Frederick, Maryland (Was Frederick Medical Arts Pharmacy, Inc.)

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for relief of itching
now, *also* comes in a
GREASELESS BASE

NOW, by popular demand there is RESINOL GREASELESS. Base is new, but it's the same famous remedy for itching of eczema, pimples, diaper rash, chafing, chapping, minor rectal discomfort. Greaseless, stainless, washable, and packaged in a handy tube. Almost flesh color—can be used freely. Hides skin blotches as it soothes.

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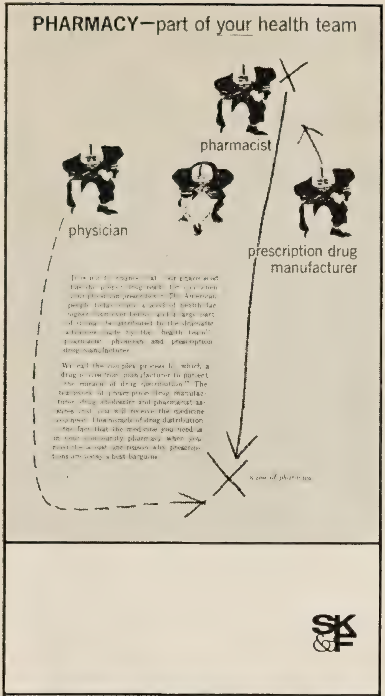

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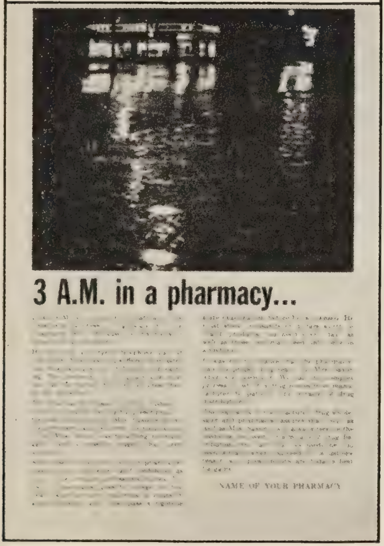
From the mats, you can make inexpensive reprints to be given away as handouts (enclose them with prescriptions or use them as bill stuffers). You can also run the mats in your local newspaper as advertisements for your pharmacy.

If you would like to receive any or all of these mats, simply drop a postcard to Smith Kline & French Laboratories, Philadelphia 1, Pennsylvania. Promote your pharmacy—promote your profession.

Smith Kline & French Laboratories, Philadelphia



3 A.M. in a pharmacy...

NAME OF YOUR PHARMACY

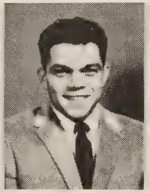
name of your pharmacy

1963 - - Graduating Seniors

U. of Md. School of Pharmacy

CODE: 1. NAME—2. HOME—3. EMPLOYMENT PREFERENCE

1. Blake, David
2. Baltimore
3. Baltimore



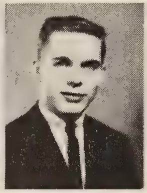
1. Caple,
Arthur N.
2. Westminster,
3. Westminster
Maryland

1. Heyman,
Irwin A.
2. Baltimore
3. Baltimore or
vicinity

1. Benson,
Michael T.
2. Baltimore
3. Baltimore-
Washington

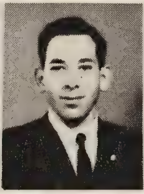
1. Sapperstein,
Alan E.
2. Baltimore
3. Baltimore

1. Kadish,
Aaron C.
2. Baltimore
3. Baltimore &
surrounding
area



1. Hopkins,
Ronald M.
2. Taneytown, Md.
3. Taneytown-
Baltimore

1. Antwarg,
Alvin G.
2. Baltimore
3. Baltimore



1. Levin,
Stephen P.
2. Baltimore
3. Baltimore

1. Batt,
William H.
2. Baltimore
3.

1. Winakur,
Stuart
2. Baltimore
3. Baltimore

1. Adair, Carole S.
2. Baltimore
3. Baltimore

1. Kuchinsky,
Victoria W.
2. Montvale, N.J.
3. Baltimore

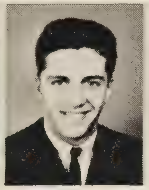
1. Abramovitz,
Marjorie S.
2. Baltimore
3. Baltimore

1. Tristani,
Ettore M.
2. Baltimore
3. Baltimore

Graduating Seniors—U. of M. School of Pharmacy

CODE: 1. NAME—2. HOME—3. EMPLOYMENT PREFERENCE

1. Bradenbaugh,
Don L.
2. Timonium, Md.
3. Baltimore


1. Wilson,
John W.
2. Baltimore
3. Baltimore

1. Chang, Gloria
2. Hyattsville,
3. Washington-
Baltimore

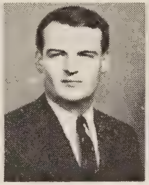
1. Jacobs, M. Neal
2. Baltimore
3. Baltimore &
vicinity

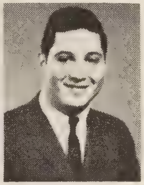
1. Sobczak,
Valentine R.
2. Baltimore
3. Baltimore

1. Shargel, Leon
2. Baltimore
3. Baltimore-
Washington

1. Henderson,
2. Baltimore
3. Baltimore or
surrounding
area

Sober. Julian N.
2. Baltimore
3. Baltimore


1. Welsh,
James J.
2. Baltimore
3. Baltimore


1. Caplan, Yale
2. Baltimore
3. Baltimore

1. Schultz,
Lawrence M.
2. Baltimore
3. Baltimore

1. Keller,
Thomas H.
2. Baltimore
3. Baltimore

1. Barron.
David D.
2. Baltimore
3. Hawaii

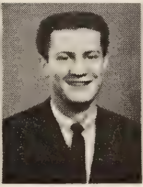
1. Pilson, Robert
2. Baltimore
3. None

1. Brownstein,
Marshall P.
2. Baltimore
3. Baltimore

1. Newman,
Jerome
2. Havre de Grace
3. Havre de Grace

1. Baker,
Jeanne A.
2. Baltimore
3. Baltimore

1. Cornias,
William N.
2. Baltimore
3. Baltimore

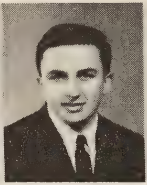

1. Scholtz,
Frank W.
2. Baltimore
3. Baltimore

1. Pariser, Joseph
2. Baltimore
3. Baltimore

Graduating Seniors—U. of M. School of Pharmacy

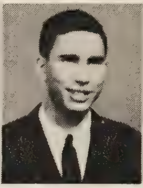
CODE: 1. NAME—2. HOME—3. EMPLOYMENT PREFERENCE

1. Levi, Henry M.
2. Baltimore
3. Baltimore

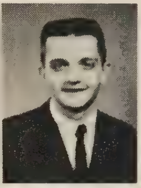


1. Spak, Allen
2. Baltimore
3. Baltimore

1. Yee, Susan
2. Silver Spring,
3. Bethesda-
Silver Spring



1. Banks,
David E.
2. Baltimore
3. Baltimore



1. Shaner,
Daniel S.
2. Baltimore
3. Baltimore

1. Fader, John F.
2. Towson, Md.
3. Baltimore

1. Ullman,
Kenneth C.
2. Baltimore
3. Baltimore

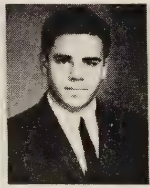
1. Friedel,
Stuart L.
2. Baltimore
3. Baltimore

1. Patel,
Barbara A.
2. Pittsburgh, Pa.
3. Pittsburgh, Pa.

1. Woods,
Dennis S.
2. Tampa, Fla.
3. Baltimore

1. Perzynski,
Paul R.
2. Baltimore
3. None

1. Price, Chester
2. Cumberland
3. None



1. Mendelsohn,
James F.
2. Baltimore
3. Baltimore

1. Reinke, Budne
2. Edgewood, Md.
3. Baltimore

1. Zimmer,
Reid A.
2. Laurel, Md.
3. Laurel, Md.

1. Cohen, Michael
2. Baltimore
3. Baltimore

1. Ritchie,
James R.
2. Lonaconing,
Md.
3. Somerset, Pa.

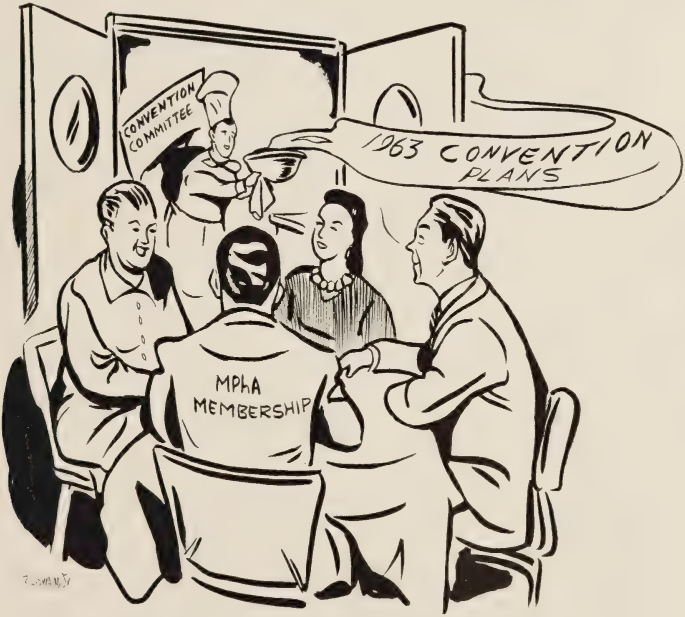
1. Abel,
Walter H.
2. Baltimore
3. Baltimore &
Vicinity

WELCOME, GRADUATES AND FELLOW PHARMACISTS

The Maryland Pharmaceutical Association welcomes the 1963 graduating class of the University of Maryland School of Pharmacy, whose photographs are published in this issue. Soon you will be registered pharmacists with all the rights and privileges of licensed pharmacists. Along with these prerogatives there are professional responsibilities as pharmacists and as citizens There are duties and obligations to the public, to employers, to other pharmacists, to suppliers, to the other medical professions and to the profession of pharmacy itself.

Ask yourself what YOU can do for pharmacy and the act in concert with your fellow pharmacists within the framework of your professional societies. Pharmacy is a noble member of the team of healing professions. Conduct yourself honorably and professionally and you will reap the rewards of what you sow.

You are being granted complimentary membership in both the Maryland Pharmaceutical Association and Baltimore Metropolitan Pharmaceutical Association. Let us see you continue your memberships voluntarily and make your contribution to pharmaceutical progress by active participation.



M-m-m . . . SMELLS WONDERFULLY GOOD!

CONVENTION HIGHLIGHTS

Registrations for the 81st Annual Convention of the Maryland Pharmaceutical Association at the Colony Resort Motel, Atlantic City, New Jersey, are arriving from pharmacists and allied persons. There is an enthusiastic response to the outstanding pharmaceutical program and the entertainment features.

CONVENTION PROGRAM HIGHLIGHTS

Monday, June 24, 1963

2:00 P.M.—First Session

Officers and Committee Reports

Evening—Entertainment featuring the TAMPA Amateur Nite. Three Grand Prizes. Prizes for all contestants.

Tuesday, June 25, 1963

10:00 A.M.—Second Session—

Address of President Victor H. Morgenroth, Jr.

PANEL PRESENTATION—Assisted by a Grant from Merck Sharp & Dohme "Pharmacy—Facts, Facets and Future"

Dan Rennick, Editor of the American Druggist—"The Big Lies." Some answers to current defeatist talk.

Harry J. Knox, President, Medical Data Services, Inc. — "Pharmacists and Discounters."

Dr. Roy A. Bowers, Dean of Rutgers University College of Pharmacy — "Pharmacy Education—Is it Meeting the Challenge of the 60's?"

Henry R. Steinhaus, Community pharmacist of Kansas City, Missouri — "Facts and Fantasies of Retail Pharmacy."

Moderator—Edward F. Keating, Manager, Trade Relations, Merck Sharp & Dohme.

Afternoon—Fashion Show and lunch at poolside.

Evening—Entertainment featuring a TAMPA extravaganza—"A Night in Old Baltimore."

Wednesday, June 26, 1963

10:00 A.M.—Third Session—

Address: Dudley J. Taw, Vice-President of Revlon, will speak on "The Secret Key for Prescription Business."

Panel Presentation: "Patterns of Prescription Drug Distribution."
Harry A. Kimbriel, Executive Vice President, National Wholesale Druggists Association.

Gerald M. Slade, Director of Trade Relations, Warner-Chilcott Laboratories.

Joe R. Watkins, Manager, Customer Relations, E. R. Squibb & Sons.

L.A.M.P.A.—Annual Brunch Meeting, featuring Dr. Cylvia A. Sorkin of St. Louis, Missouri—"Are You Normal?"

T.A.M.P.A.—Annual Meeting.

Evening—M.P.A. Hawaiian Luau. Music and entertainment.

Thursday, June 27, 1963

10:00 A.M.—Fourth Session—

Memorial Services.

Nominations and Election of Officers and State Board of Pharmacy.

Business Session.

6:00 P.M.—Social and Cocktail Hour—Friendship of Drug Wholesalers.

7:00 P.M.—Annual Banquet. Presentation of Pharmacy Week Awards.
Installation of officers.

This is just a brief outline of the full program. The complete program will detail the full schedule of convention activities—pharmaceutical and social. The convention includes additional entertainment and recreational programs for the pleasure and fun of all attending.

Join with your colleagues and associates in this important Association activity. An informed pharmacist is a more effective and successful pharmacist in every way.

If you have not mailed your registration and hotel reservation forms to the Association, be sure to do so today!

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Contributions . . . . . .

Food Products And Coronary Artery Disease

By B. F. Allen, Ph.D.*

The continued interest with respect to the use of polyunsaturates in preventing and possibly reversing the arteriosclerotic process more commonly known as atherosclerosis, has prompted the compilation of this article on the basis of interesting, significant and informative material of a chiefly non-technical nature.

In recent years a great deal of interest has been stimulated in an attempt to find the ideal medicament which will lower blood cholesterol, since it is generally assumed that this will prevent atherosclerosis and its most important effects, heart attacks and strokes.

Atherosclerosis, or "hardening" of the arteries is not a new disease, and it has been stated: (1) that its presence has been detected in mummies over five thousand years old: (2) this condition has been demonstrated in early life and in young adults as well as in older persons; and (3) it is not an inevitable accompaniment of growing old.

It has also been stated that a definite answer cannot be expected in less than 5 or 10 years, but in the meantime cholesterol-lowering measures will be widely employed on the logical but still unproved premise that blood cholesterol is the key to atherosclerosis.

The serious untoward effects of some of the new drugs, promoted for use in hypercholesterolemia and coronary artery disease has caused statements suggesting that a safer means should be employed, such as dietary changes.

The recent announcement that 300 middle-aged Baltimore men would be chosen for an extensive diet experiment, indicates a real attempt to acquire practical means of answering the question pertaining to blood cholesterol[a].

Obesity, and fear of obesity, have become literally a national phobia, and diets might well be considered an American obsession. Probably, next in importance is the dietary revolution which has occurred in this country in the attempt to prevent coronary artery disease.

Considerable controversy exists concerning the relationship of diet to high blood cholesterol levels and atherosclerosis. Though the studies on this disease are not definitive, one investigator offers an hypothesis which seems tenable. He states that in some industrially advanced countries[b] the diet is deficient in unsaturated fatty acids and may contain unnatural fats which result from food processing. Conceivably, these alterations in dietary fat could result in esterification of the blood cholesterol with saturated and unsaturated fatty acids. Mindful that these abnormally formed esters might play some role in atherosclerosis, similar changes in blood phospholipids could favor or increase the tendency of blood to coagulate and increase the chances of coronary artery thrombosis.

A highly unsaturated vegetable oil does not lower serum cholesterol levels to any appreciable extent unless it is substituted for saturated fatty acids already in the diet. For maximal lowering effects, it is necessary to achieve a certain ratio of food fats; this ratio should be approximately one part saturated fatty acid to three parts unsaturated fatty acids. This means that, for an appreciable effect, large amounts of unsaturated fatty acids such as those

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*University of Maryland, School of Pharmacy

[a] 1500 more volunteers to be selected in 4 other major American cities; also, figure for Baltimore area recently changed to 225.

[b] it has been stated that the American population is almost universally affected with atherosclerosis.

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Has self-confidence but is not arrogant.
Is courteous in the face of discourtesy.
Keeps his word, his temper and his friends.
Wins respect by being respectful.
Smiles and makes others smile.
Is silent when the customer wishes to speak.

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in a highly unsaturated vegetable oil must be given while the intake of ordinary dietary fat is drastically reduced.

This has caused the promotion by campaigns of diets based on: (1) consume a minimum of one fluid ounce of corn oil, or its equivalent, each day; (2) in place of butter or regular margarine use a polyunsaturated margarine; (3) cook with safflower oil; (4) munch on sesame and sunflower seeds; and (5) select "heart-conscious" foods with low cholesterol, etc.

How much cholesterol is enough? In the opinion of two investigators, the load of cholesterol that the human bloodstream can properly handle is only about a tenth of that which is generally believed safe. They also reported that man seems to lack the ability, which some animals have, to reduce normally produced cholesterol after large amounts have been included in the diet. In the human, the added cholesterol is deposited in the liver, blood vessels, and other cells throughout the body. According to one of the researchers, the average person ingesting a diet made up of 25% fat "is continually overloading his cholesterol metabolic pathways." The scientists noted that the proper amount of daily cholesterol would be found in a half pound of beefsteak or in one egg yolk.

Although the dietary cholesterol and fat can be cut to a low figure by a low fat diet, there still remains the problem of the cholesterol that is synthesized in the liver (and possibly in the skin and in the intestinal mucosa).

It is extremely interesting to note that although fish oils are composed of unsaturated fats, statements have generally in the past indicated that they do not play a significant role in this problem which is under discussion. However, recently, the menhaden[c], a fish whose yearly catch is in the billions of pounds, provides oil containing the highly unsaturated fatty acids now being used for research in atherosclerosis.

Of interest is the recent appearance of a nutritional supplement capsule Polytol-Forte (Pharmaceutical Industries), a product containing many vitamins, etc., and listed in the unsaturated fatty acid complex is clupanodonic acid (a highly unsaturated fatty acid with four double bonds) which normally occurs in fish oils.

Margarines have been advertised and merchandised and joked about. The advent of the industrial era which caused direct and almost immediate change in food, was responsible for the birth of margarine. As European rural workers migrated to cities toward the end of the nineteenth century, a severe butter shortage arose. With an incentive reward from the French government, a chemist created the first butter substitute, and thus founded the margarine industry, which skillfully transfers an almost tasteless fat or oil into a moderately priced, palatable food commodity.

An example of this product is in the following formula: Cottonseed oil (hardened[d]) 48 lb., Soya bean oil (hardened) 32 lb., Skim milk 17 lb., Salt 2-¾ lb., Monoglyceride — ¼ lb., and very small quantities of Carotene,
Lecithin, and Isopropyl citrate.

There has been a constant endeavor in the margarine field to produce a product which parallels butter to the greatest degree. The essential additions to margarine of vitamins A and D, color and artificial flavor, have aided the manufacturer toward this goal. Therefore, it was a comparatively easy procedure to market a new "polyunsaturated" margarine by simply utilizing the so-called natural vegetable liquid

Early advertisements on radio and television, in newspapers and other publications concerning the role solid shortenings, margarines, salad and cooking oils play in the daily diet emphasized the two kinds of fats — saturated and polyunsaturated — and

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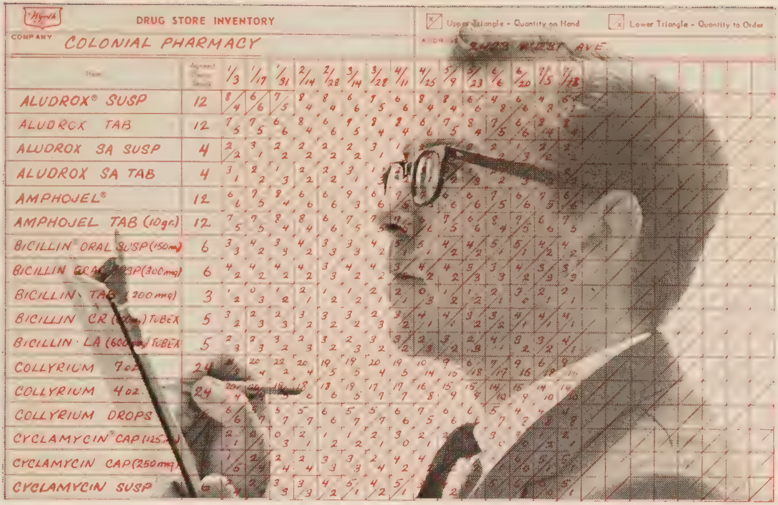
[c] a marine clupeiod (includes herrings, sardines, shads, etc.) fish used for bait or converted into oil and fertilizer.

[d] by process of hydrogenation.



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Item	
ALUDROX® SUSP	12
ALUDROX TAB	12
ALUDROX SA SUSP	4
ALUDROX SA TAB	4
AMPHOJEL®	12
AMPHOJEL TAB (10gr.)	12
BICILLIN ORAL SUSP (150mg)	6
BICILLIN ORAL SUSP (300mg)	6
BICILLIN TAB (200mg)	3
BICILLIN CR (600m) TUBEX	5
BICILLIN LA (600m) TUBEX	5
COLLYRIUM 7oz	24
COLLYRIUM 4oz	24
COLLYRIUM DROPS	6
CYCLAMYCIN CAP (125m)	
CYCLAMYCIN CAP (250mg)	
CYCLAMYCIN SUSP	

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● Here's the man who brings more efficiency and lower operating costs to your pharmacy. Your Wyeth Territory Manager.

He can show you how the WYETH INVENTORY CONTROL PROGRAM helps avoid tying up cash in excess inventory. How it eliminates that expensive return goods problem. Why there's less work for you plus better operating efficiency. Why you're always sure of having adequate stock of fresh, clean Wyeth merchandise.

How does the WYETH PROGRAM accomplish all this? First, your Wyeth inventory is keyed to your sales rate by routine checks on stock movement. Second, check-ups of subsequent stock movement provide the basis for maintaining the most efficient Wyeth inventory of Wyeth products. Once it's started, the inventory program works almost automatically. And, of course, it's always under your direct control.

Wyeth

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Pharmacists across the country endorse the WYETH INVENTORY CONTROL PROGRAM as a cost-saving efficiency operation. Interested? Why not see your local Wyeth Territory Manager for details.

their effect on lowering blood cholesterol levels. Later the statements were toned down, however, still with the implication that the excelling in polyunsaturates in some measure will prevent or modify atherosclerosis. Now, the statements mention that many scientists classify the special nutritional effectiveness of different liquid oils by the ratio of polyunsaturates to saturates or that it is best to replace products high in saturated fats.

For a comparative purpose, in the form of a chart, the manufacturer of a "new" safflower oil margarine emphasizes the following: ratio of polyunsaturates to saturated fats in margarines — their brand (2.4 to 1), premium corn oil (1.4 to 1), hydrogenated corn oil (0.5 to 1), ordinary brand (0.4 to 1), and butter (0.1 to 1).

Similar information has been publicized to show the ratio in leading brands of vegetable oils: corn oil (4.6), cottonseed oil (2.0), peanut oil (1.6), and olive oil (0.64). It is interesting to note the absence of safflower oil (11.5) and sunflower oil (8.4) from this type of a listing. However, this may in part be due to the only recent appearance of safflower oil in the grocery stores.

Other examples, on what amounts to a new trend in advertising, are as follows: a mayonnaise with a P/S value of 2.6 (that is 2.6 parts of poly-unsaturates per one part of saturates); a "new" specially processed soybean oil (poly-unsaturated, twice that of the "old"); canned tuna in 100% corn oil (the light, golden, poly-unsaturated oil recommended by doctors, etc.).

An important observation arises in connection with the production of mayonnaise and mayonnaise-like products, the source of stabilizing agent used is found in whole egg, dried egg-yolk or egg-yolk which contains cholesterol (as much as 1.5% in egg-yolk).

Some investigators believe that so-called "neutral fats" or triglycerides — which have been relatively neglected in coronary artery disease studies — may be a significant cause of such ailments.

The triglycerides are the chief constituents of fats commonly found in foods and in the body's fat tissue. Also, it has been stated, the main thing that happens after a person eats a fatty meal is an increase in the triglycerides in the blood.

Based on some research conducted on patients, one investigator suggests that the way the body mis-manages triglycerides may be the most important abnormality in coronary artery disease— more so than the way the body handles cholesterol.

A study of lipid metabolism has been made on patients to evaluate its effect on coronary heart disease while determining the value of a radioactive isotope of iodine-tagged fat meal as a tracer of neutral fats. An abnormal response was seen in every coronary patient and the researchers were satisfied with their method of evaluation[e].

Other interesting statements are: (1) a diet high in unsaturated fats will have little, if any, effect on triglycerides, even though it will lower cholesterol levels appreciably; (2) triglycerides can be lowered by increasing the fat content of the diet, even with some saturated fats, provided there is a calorically equivalent reduction in carbohydrates; (3) the substitution of unsaturated vegetable oil calories for carbohydrate calories appears to be the best means of lowering the levels of both cholesterol and triglycerides.

In the absence of acceptable evidence, any dietary measures taken must be considered experimental. Also, warnings have been issued against drastic changes in diet which might be deficient and unbalanced. As an example, there can be a possible deficiency in vitamin E due to excessive use of poly-unsaturated fatty acids. Gastrointestinal discomfort (a slight tendency to produce diarrhea) has also been noted to occur on administration of safflower oil.

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[e] venous blood samples were examined.

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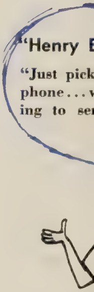

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Notes On The History Of Pharmacy In Maryland

By B. Olive Cole

ENTRANCE REQUIREMENTS AND CURRICULUM

Since 1841 when the Maryland College of Pharmacy was incorporated there have been many considerations of what should constitute the preliminary requirements to enter upon the study of pharmacy, and in particular, what should be taught, or in other words, what should be the curriculum offered or required for the study of pharmacy.

Dr. William Lyon conducted the first drug store in Baltimore in 1746 at Baltimore and Market Streets (now Calvert) and Dr. John Boyd established the second drug store in Baltimore in 1767. At that time practically all of the drug stores were operated by physicians who compounded their own prescriptions, and there was then little consideration of training pharmacists.

Baltimore's first apothecaries were young fugitive Frenchmen. Monsieur Edmel Ducatel, who had enjoyed several years at the Ecole of Paris, emigrated to Baltimore and established a drug store in 1796. He was a pioneer preceptor and assisted several young men who were apprenticed to him and who became leaders in establishing pharmacies in Baltimore, including J. M. Laroque, who at the age of five came to Baltimore with his father, attended parochial schools and was accepted in Ducatel's store, and Elias Durand who served as Military Pharmacist under Napoleon, was trained in botany and chemistry, and was employed at Ducatel's.

These early pharmacists in Baltimore evidently influenced such young men as Thomas G. Mackenzie, George W. Andrews, Robert H. Coleman, J. Faris Moore and J. Brown Baxley to strive for the organization of the Maryland College of Pharmacy and for the maintenance of pharmaceutical education.

The first course of lectures, given by seven members of the College, began the first week in November 1841 and ended the latter part of January, 1842. Six students attended and William Silver Thompson, Frederick A. Cochrane and Alpheus P. Sharp were graduated at a public commencement on June 19, 1842.

Dr. David Stewart (graduate of 1844) was unanimously elected Professor of Theory and Practice of Pharmacy, and the Maryland College of Pharmacy thus became the first institution to establish the professorship.

The College was reorganized in 1856 with thirty-one members. George W. Andrews was president, William Silver Thompson, secretary, and Alpheus P. Sharp, J. Faris Moore and Joseph Robertson were on the Board of Examiners. The following were elected professors: Dr. Lewis H. Steiner, professor of chemistry; Dr. Charles Frick, professor of materia medica; and Mr. Israel Grahame professor of practical pharmacy.

It is interesting to note the step-to-step progress in arranging courses in pharmacy both in the early days and at the present time.

In 1870-71 attendance upon two full courses of lectures given over a period of two sessions of about eighteen weeks was required for graduation, and the candidate was required to furnish proof of having served an apprenticeship of four years in the drug and apothecary business. Thus, the guidance of the preceptor was considered a part of training in addition to the formal class instruction.

In 1872 the course in analytical chemistry was required as obligatory, and the analytical laboratory was established in 1873-74 with Dr. William Simon as the professor. This obligatory requirement of analytical chemistry also designated the Maryland College of Pharmacy as the first to require this subject.

In 1874-75 the instruction consisted of practical and analytical chemistry,

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materia medica and botany, with ample illustrations of plates, diagrams and specimens, with complete chemical and pharmaceutical apparatus. In 1878 the course was divided into junior and senior groups, each of six months duration. In 1883-84 the new laboratory, which had a capacity of seventy-five students and provided tables with gas-water baths attached and compartments for the storage of pharmaceutical apparatus, was made ready.

In 1886 Dr. J. Faris Moore was professor of botany and materia medica and Dr. D. M. R. Culbreth, who graduated from the Maryland College of Pharmacy in 1879, was designated as professor of microscopy and practical botany. Students in 1887 numbered 150. In 1891-92 the curriculum was divided into compulsory and optional subjects—the compulsory subjects being pharmacy, practical pharmacy, general chemistry, practical and analytical chemistry, materia medica, botany and pharmacognosy. In 1892-93 on account of practical instruction in laboratories, the apprenticeship requirement was fixed at six months.

In 1885 entering students were required to pass an examination in the studies required in the highest class of the grammar schools of the City, or present a certificate of having received an equivalent education.

In 1896 the course was extended to cover two sessions of thirty-two weeks each. In this year the requirement of four years of service in a store as essential for graduation was abolished, but prospective students were impressed with the great advantage of such training from a professional and commercial standpoint.

In 1900 separate courses in dispensing and commercial pharmacy were added to the curriculum, with Dr. Henry P. Hynson, a graduate of 1877 as the professor, adding another first to the claim of the College for progressiveness in pharmaceutical education.

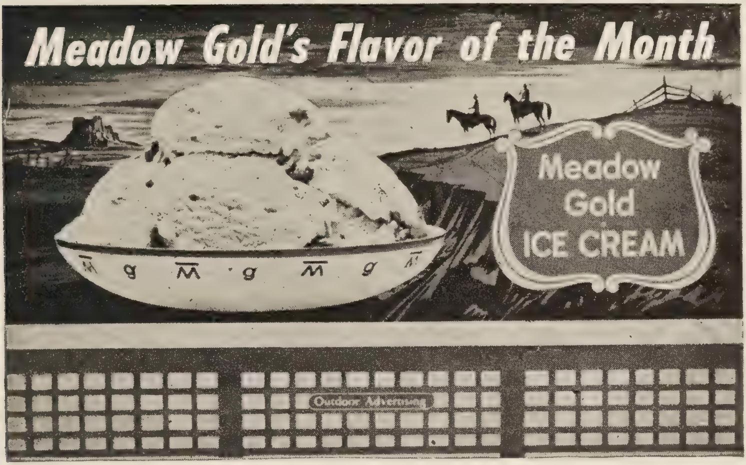
In 1901 the College supported the claim that pharmacy is a profession by conferring a professional degree—Doctor of Pharmacy. Two graded laboratory courses were offered. Advanced work in pharmacy, chemistry and microscopy, assay of drugs and a portion of volumetric analysis were required subjects for the Doctor of Pharmacy degree.

In 1903 fifteen candidates received the Doctor of Pharmacy degree and nineteen the Graduate in Pharmacy diploma. The last Doctor of Pharmacy degrees were conferred in 1915. To conform with the recommendation of the American Council of Pharmaceutical Faculties made at the Nashville meeting in August 1913—namely, that the degree of Ph.G. be given for the regular two-year course, with an entrance requirement of one year's high school education—the Doctor of Pharmacy degree was discontinued.

In 1903 there were only 68 students in the College and the Trustees were encountering difficulty in providing necessary finances. Following the Baltimore fire in 1904 the Executive Committee of the Board of Trustees decided to sell the building of the Maryland College of Pharmacy and to amalgamate with the University of Maryland as the Department of Pharmacy.

In 1906-07 the entrance requirement for the study of pharmacy consisted of three alternates: (1) diploma of an academy, college or high school based on not less than four years of instruction; (2) certificate issued by the State Department of Education or legal authorized State Examining Board; (3) Certificate showing successful completion of one year's work in an approved high school. Dr. Edward Deichman, Principal of the Gymnasium School, was named the Examiner.

In 1916 the State Legislature placed the examination of entrance credentials in the State Department of Education. For the session of 1918-19 the minimum requirement for entrance was two years of standard high school work, but stated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that high school graduation was very desirable for the study of pharmacy.

In 1913 the subjects of pharmaceutical arithmetic, pharmaceutical Latin and pharmaceutical jurisprudence were added to the course.

In October 1918, during the First World War, the Student Army Training Corps was made available to those students in pharmacy who were high school graduates, the War Department giving them the privilege of attending college instead of entering the service. To conform to the requirements of the Training Corps the School of Pharmacy was required to add the subject of Physiology and Hygiene to the curriculum. At that time the subject of Bacteriology was also added to the curriculum.

A three-year course was added in 1919 and became obligatory in 1925. The course established in 1919 consisted of the regular two-year course and an additional year of advanced work was added to provide for the degree of Pharmaceutical Chemist (Ph. C.) John C. Krantz received the first Ph. C. degree on May 26, 1920.

In 1920 the course in business administration, which supplemented the course in commercial pharmacy, was inaugurated. Also in 1920 arrangements were made to have general chemistry taught by the College of Arts and Science (College Park).

In 1921 in addition to the subjects specified in the Pharmaceutical Syllabus, sufficient general educational subjects to enable graduates to receive credits for two years of an A.B. course—extra mathematics, English, one foreign language and Physics—were added. A thorough revision was made of the curriculum and the basic three-year course was outlined.

The School of Pharmacy became a part of the State University in 1920, and beginning with the session of 1921-22 the Registrar of the University of Maryland evaluated credentials and issued certificates of entrance. In 1930-31 the requirement for entrance was graduation with not less than 15 units of high school work obtained in a four-year high school course or its equivalent. Seven of the units were designated as required subjects, the other eight to be elected subject. In 1937-38 the standards of admission adopted by the General Admission Board of the University of Maryland were accepted by the School of Pharmacy.

In 1922 provision was made for students to use the course in pharmacy for admission to the School of Medicine of the University of Maryland upon further completion of six semester hours of Zoology. In 1925 a four semester course in zoology was made a basic part of the first-year course in pharmacy, with the further addition of four semester hours of Vertebrate Zoology for students desiring to enter upon the study of medicine. Thirty graduates of pharmacy from 1923-27 inclusive used the course in pharmacy as entrance to the School of Medicine of the University of Maryland.

Modified arrangements were later made whereby students in medicine who had completed three years of the four-year course in pharmacy and two or three years in the course in medicine would receive the B.S. in Pharmacy degree. The discontinuance of the arrangements with regard to the students in the School of Medicine was the outcome of a resolution of the Board of Pharmacy on July 6, 1954 opposing the granting of B. S. degrees under these conditions. The last twelve of these medical students received the B. S. in Pharmacy degree in 1939. From 1930 to 1939 one hundred and sixteen medical students received the B. S. degree. At present there are many practicing physicians who received basic training in the School of Pharmacy.

The four-year course was outlined for the first time in 1925-26, became obligatory in 1932, and the first large group received the B. S. in Pharmacy degree in 1936. However, from 1928 through 1935, one hundred and fifty-seven stu-

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dents received the B. S. degree in Pharmacy degree by continuing with the fourth-year of study after having completed the three-year obligatory course. The last fourteen candidates in the three-year course were graduated in 1935.

Graduate work in the School of Pharmacy was installed in 1928 and candidates received the Master of Science degree in 1930. The first Doctor of Philosophy degrees were awarded to two candidates in 1933. By 1953 eighty-four had received the M. S. degree and sixty-three the Ph. D. degree. Forty-two of the sixty-three Ph. D. degrees were awarded in Pharmaceutical Chemistry. Some candidates received both M.S. and Ph.D. degree. The major part of the work for the advanced degrees is completed in the School of Pharmacy and the degrees are awarded by the Graduate School of the University of Maryland. Some graduates received first the M. S. degree, followed by the Ph. D. degree.

The Department of pharmacology, with modern laboratory equipment, was established in 1930, being a gift of Isaac Emerson of the Emerson Drug Company. The department of pharmaceutical chemistry was further developed in 1930.

The Second World War brought many problems to administrators in connection with education for pharmacists. One was the cooperation of educators with Boards of Pharmacy to assist in providing sufficient registered pharmacists to man the stores when so many pharmacists were called to the service. Another was that the administrators found it necessary to telescope the four-year course in pharmacy into an accelerated course for those already in school, with continuous classes without vacations, in order to assist young men to complete the course, if possible, before entering the service. Many of the graduates and students of the School of Pharmacy participated with honor during the Second World War.

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Volume 21 MARCH, 1963 No. 4

T.A.M.P.A. News

The Annual Past Presidents' Day luncheon meeting was held on Saturday, March 2nd, at Kelly's New Rolling Inn on Route 40 West at Rolling Road.

Forty members and sixteen past presidents were in attendance. Lee Wright, an old friend of the guest speaker, was present—a wheel chair didn't keep him away. The Honorable H. C. "Curley" Byrd, Past President of the University of Maryland and one of Maryland's outstanding citizens, was the guest speaker. Program Chairman Don Steiner arranged one of the best T.A.M.P.A. meetings. TAMPA is proud to claim Dr. Byrd as one of its members.

* * *

What dues paid member of T.A.M.P.A. spends every Tuesday evening in the Purvis Place section of Pikesville?

* * *

Convention Fun

John C. Cornmesser, Acting Chairman of the Entertainment Committee for the Convention has reported an enthusiastic reception for the convention program.

T.A.M.P.A. is sponsoring "Amateur Nite" on Monday, June 24th for contestants over 18 years old. Prize winners will be selected by audience applause. There will be three grand prizes as well as beautiful gifts for every contestant who participates.

Write or telephone the Maryland Pharmaceutical Association office to receive further information in entering this entertaining contest.

For Wednesday evening T.A.M.P.A. has gone all out to arrange one of their famous entertainment and fun extravaganzas. It will be "A Night in Old Baltimore," featuring polka music and draft beer, in an authentic setting with all the trimmings and extras.

Don't delay—send your registration and hotel reservation in TODAY. The beautiful Colony Resort Motel is modern, luxurious, fully air-conditioned and conveniently located in Atlantic City at the Boardwalk at Indiana Avenue.

Young drivers in 1962 had the worst record of any age group in the United States. Men and women under age 25 represent only about 15 per cent of the nation's licensed drivers, yet they were involved in nearly 29 per cent of all fatal accidents and in more than 27 per cent of all non-fatal accidents.

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Baltimore Metropolitan Pharmaceutical Association

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PRESIDENT'S MESSAGE

Baltimore Metropolitan Pharmaceutical Association

The annual banquet of the Baltimore Metropolitan Pharmaceutical Association was held in March at the Lord Baltimore Hotel. The Banquet Committee, headed by Chairman John Neutze and Vice-Chairman Irving I. Cohen, assisted by Co-ordinating Chairman Bernie Cherry and Treasurer Charles E. Spigelmire, did an outstanding job.

Our Monthly News Letter gives you much pertinent information regarding Narcotic and Pharmacy Laws, features on Tax Information and important city, state and national information.

Our meetings are well planned, bearing in mind the welfare and interests of our members.

Our Public Information Program, at great expense, will help you tell the story of the services the neighborhood pharmacist performs. It will make the general public more aware of the significance of the neighborhood pharmacist in each community and work for your benefit to have people consider the pharmacy as the proper place to obtain health and beauty needs.

You have received your statement for 1963 membership dues. If you have not yet mailed your check, please do so today.

The benefits you derive from your membership are many. Prompt payment of your membership dues enables your Association to continue its program and activities in your behalf.

Remember. Membership Does Not Cost. It Pays.

Support your local and state association. Mail your dues payment today.

Sincerely,

AARON M. LIBOWITZ
President.

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NEWS ITEMS . . . . . .

Third Annual Dr. Robert L. Swain Pharmacy Seminar

More than 200 pharmacists, faculty and students attended the third Annual Dr. Robert L. Swain Pharmacy Seminar sponsored by the Maryland Pharmaceutical Association and the University of Maryland School of Pharmacy. The Seminar, held in the Health Sciences Library Auditorium of the University of Maryland, was inaugurated to recognize the great contribution of Dr. Swain, former editor of **Drug Topics** and **Drug Trade News,** who had served as the head of the Maryland Board of Pharmacy and Editor of **The Maryland Pharmacist.** The Seminar will now serve as a perpetual memorial to Dr. Swain who died on February 4th.

George P. Larrick, Commissioner of Food and Drugs, lauded Dr. Swain as a pharmacist who had the ability to change with the times and portray the problems of pharmacy to his readers. He pointed out that Dr. Swain's career covered pharmacy from the time of the patent medicine barrel to the jet age.

Mr. Larrick in his address, "Revisions in The Federal Food, Drug and Cosmetic Act," stated that the early drug laws were intended as punishment for violations. Today there must be premarket checking before distribution to the public. Drugs must now be evaluated and double-checked for effectiveness under the Kefauver-Harris Amendments of 1962. The previous law required new drugs to be submitted only for safety. He felt the new law would stimulate research on new drugs. Evidences of adverse reaction must be submitted promptly to the F.D.A. A standard official name must be adopted for new drugs. Registration of all domestic drug manufacturers and inspection of plants at least once every two years is required.

In prescription drug advertisements, the name, quantitative formula, brief summary of side effects and contraindications become mandatory.

Pharmacies manufacturing or repackaging drugs for sale in other establishments are required to register with the F.D.A.

Dr. Ralph F. Shangraw, Assistant Professor of Pharmacy, University of Maryland School of Pharmacy, in his presentation on "Timed Release Pharmaceuticals," outlined the various methods of manufacturing sustained release drugs. By means of color slides of cross-sections of dosage forms, he revealed the design of various types.

Dr. Milton S. Sacks, Professor of Medicine, University of Maryland School of Medicine, Head of Division of Clinical Pathology, University Hospital, spoke on "Blood Dyscrasias And Other Side Effects of Drugs." He gave an insight into the possible developments in the blood picture produced by the use of the drugs of today. He pointed to the phenothiazines as a class of drugs involved in agranulocytosis. He emphasized that drugs should, therefore, of course, be used with extreme caution and only when necessary.

Dr. Linwood F. Tice, Dean, Philadelphia College of Pharmacy and Science, delivered a provocative talk on "Professional Responsibilities and Pharmaceutical Ethics." He spoke of the roots of the profession of pharmacy in medicine, which in turn evolved from the priesthood. There is a common origin and a common responsibility and that is what the public expects. The result is licensure — a special privilege. There is a degree of sacred trust in these members of public health team.

But, the image of the pharmacy practitioner is lower than it was 20 to 30 years ago, said Dr. Tice. The responsibilities of the professional must be

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placed above everything else, such as business. Too often there is a double standard of professional morality and responsibility — a failure to live up to the trust of the public. Examples given were: the sale of remedies which cause the postponing of essential, proper medical attention; the refusal to fill prescriptions requiring compounding, and unauthorized refills.

Dr. Tice asserted, "It is our responsibility to provide all drugs and medicine. We are now concerned only with economics. The time is past when pharmacists are paid for what is done. Our professional future depends on what you know — not what you do."

He stressed the importance of both the personal appearance of the pharmacist and of his environment. He pointed to the opportunities in such items as pesticides, insecticides, cosmetics, sick room supplies, and surgical garments and appliances.

Dr. Tice condemned those employee pharmacists who go along with unprofessional practices. He said, "We have convinced the public that prescription drugs are a commodity and not a service. You have to deserve and earn public support. You can't do it by law."

Dean Tice predicted that some pharmacies will close, but pharmacists will be used in a professional capacity. Although the population continues to grow, the number of pharmacists remains about the same. "There is an opportunity to get back on the health team . . . Young pharmacists want to practice real pharmacy . . . Pharmacists are on the verge of entering on their most golden era. Pharmacy and medicine will merge more closely in working in the public interest.

"We don't exploit our sources of strength: personal service and the pharmacist — the confidence in individuals," Dr. Tice emphasized.

Henry G. Seidman served as Seminar Chairman. Dr. Noel E. Foss, Dean of the University of Maryland School of Pharmacy, Victor H. Morgenroth, Jr. president and Nathan I. Gruz, Executive Secretary of the Maryland Pharmaceutical Association, also participated in the program.

L.A.M.P.A. News

Two resolutions were adopted at a special meeting of the officers and Board of Directors of the Ladies' Auxiliary of the Maryland Pharmaceutical Association on March 18, 1963.

RESOLVED: by the Ladies Auxiliary of the Maryland Pharmaceutical Association in special emergency meeting of the officers, board of directors, and past presidents, that it express a feeling of sadness and personal loss in the death of our president, and charter member, Helen Kaminski. We are sincerely grateful for her numerous efforts and contributions in behalf of our organization, since its inception in 1953.

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded to the family as evidence of our esteem.

RESOLVED, by the Ladies Auxiliary of the Maryland Pharmaceutical Association in special emergency meeting of the officers, board of directors, and past presidents, that it express a feeling of sadness and personal loss in the death of our treasurer, Amelia C. DeDominicis. We greatly appreciate her devoted service to our auxiliary. Her fine qualifies of friendship, loyalty and leadership in her field will long be remembered and sincerely missed.

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded to the family as evidence of our esteem.

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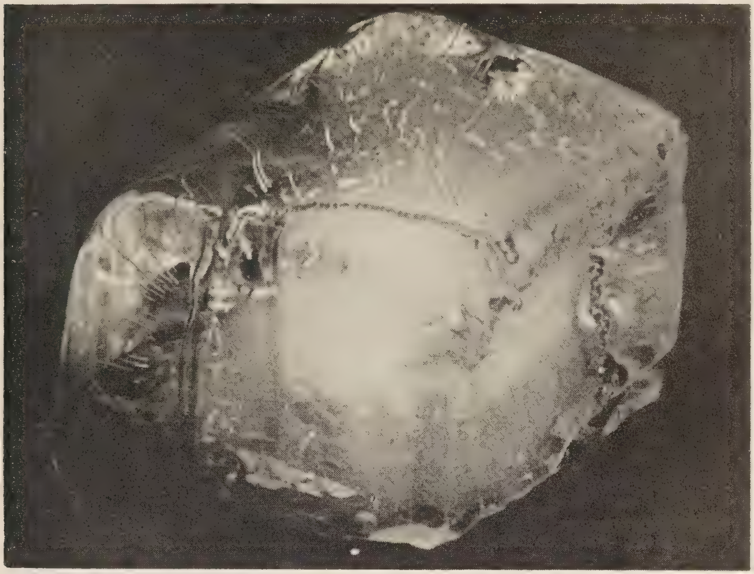

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Morris L. Cooper Wins National Window Award

MORRIS L. COOPER

Morris L. Cooper, Baltimore pharmacist, has been again awarded first National prize in the American Pharmaceutical Association Pharmacy Week Display Contest in the category of Community Pharmacies. This is the first time an individual has received first prize for the second time.

Mr. Cooper devotes a great deal of time and effort in developing ideas for his famous window displays. He researches the background for his windows at the University of Maryland Health Sciences Library and Welch Medical Library of The Johns Hopkins University. The result has been the following record of awards in National Pharmacy Week Window Display contests:

1947	State Prize	2nd prize
1948	State Prize	1st prize
1948	National Prize	1st prize
1951	State Prize	2nd prize
1952	State Prize	1st prize
1952	National Prize	2nd prize
1954	State Prize	3rd prize
1956	State Prize	2nd prize
1958	State Prize	1st prize
1958	National Prize	4th prize
1959	State Prize	2nd prize
1961	State Prize	2nd prize
1962	State Prize	1st prize
1962	National Prize	1st prize

Mr. Cooper is a graduate of Baltimore Polytechnic Institute and the University of Maryland School of Pharmacy, Class of 1926. Prior to purchasing his present pharmacy from Dr. L. M. Kantner in 1940, he was associated with his father in a pharmacy at Park Heights and Shirley Avenues. In 1948 he was elected president of the Baltimore Metropolitan Pharmaceutical Association, then known as the Baltimore Retail Druggists Association.

Morris L. Cooper is also an avid student and collector of pharmaceutical antiques. He has an outstanding collection of mortars and pestles. He has presented talks on the subject before the American Pharmaceutical Association, the University of Maryland School of Pharmacy and the Pan American Congress of Pharmacy and Biochemistry.

He is the inventor of the "Cooper Mortar," the first improvement in this equipment in a long time.

Life '62 Leader In Drug And Toiletries Advertising Revenue

For the 23rd consecutive year Life magazine continued to lead all other magazines in drug and toiletries advertising revenue during 1962, Publishers Information Bureau figures show.

Drug and toiletries advertisers invested $12,154,343 in Life last year. Reader's Digest received $8,453,178, McCall's $8,344,574, Look $7,022,566 and Ladies' Home Journal $5,752,402.

P. I. B. figures also show that Life was first among all magazines, for the 21st consecutive year, in total advertising revenue with $140.5 million. Look was second with $76.1 million, and the Saturday Evening Post third with $66.5 million.

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NATIONAL POISON PREVENTION WEEK PROCLAMATION

LEFT TO RIGHT: Nathan I. Gruz, Executive Secretary, Maryland Pharmaceutical Association; Hon. Philip H. Goodman, Mayor of Baltimore City; Mrs. Leo L. Mundle; Kathryn Mundle; Stephen J. Provenza, Chairman, Professional Relations Committee.

Drug Firms In Basic Research

Until we find out more about the "how" of life, new drug advances will be more difficult to achieve. Thus pharmaceutical firms are turning to more basic research.

In its Annual Report to Shareholders, Abbott Laboratories, for example, says that "research into fundamentals—including the molecular basis of life itself—took on added importance at Abbott in 1962, as indeed it did throughout the scientific community."

The Abbott Annual Report said that two deep-probing projects under way were basic investigations of the nucleic acids that set the pattern for the entire living organisms and the proteins that make up a large portion of it.

The Report explains that other Abbott scientists are engaged in fundamental studies of enzymes, brain metabolism, nerve regeneration, body defense mechanisms, the chemical nature of cancer, and the biochemistry of antibiotics.

Basic research is extremely "practical" for a pharmaceutical house, the Report points out, since "the answers to many disease conditions will not be forthcoming until we have greatly expanded our knowledge of the 'how' of life." The Report said that Abbott had launched its special research project on the nucleic acids, including deoxyribonucleic acid or DNA, because "science now believes DNA—the master molecule—holds the clues to much that we need to know for the advancement of medicine."

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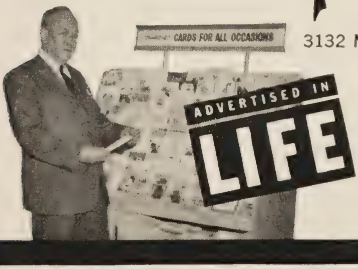

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Business Facts About Father's Day, 1963, Sunday, June 16th

The success of Father's Day Council's program can best be judged by the startling fact that for 1962, Father's Day gift sales amounted to more than $930 million. The several weeks prior to Father's Day have become a gift-buying period second only to Christmas. A survey just made brought out the surprising fact that for the first time more gifts are now bought for Father's Day than for any other occasion, except for the Christmas holiday.

The Council's public relations budget is derived from the voluntary membership subscriptions of firms in more than forty industries which justifiably profit from this gift-buying period. The Council purchases no advertising. It does not promote any particular product. It gives each year, to business and the American public, a traditional, increasingly widely observed American holiday.

The consensus of opinion regarding 1963 Father's Day (June 16th) is that it will be, on average, slightly in excess of Fathers' Day 1962 business.

The general trade feeling is that: Consumer debt in proportion to income is lower than it has been in a few years. Personal savings are at an all-time high, as is personal income. The public wants better quality merchandise, and will want it even more strongly for 1963 Father's Day because of a more confident atmosphere all around than last Father's Day There is a stronger feeling for fashion and for appropriate dressing for all forms of sport activities. The planning for Father's Day is reflected in a more optimistic tone in order placements.

Based on the $930 million 1962 figure, 1963 Father's Day volume should reach approximately $940 million.

The census estimates that there are a total of fifty-one million Fathers in 1962.

The 1963 Father's Day slogan is "STARRING DAD." The poster shows a space-age Father, Son and Grandfather, the boy "heading for the stars." No stone will be left unturned in satisfying the public's desire to take cognizance of the head of the house in 1963. The promotional campaign of the Father"s Day Council will be designed to bring out the maximum of notice, not only in the stores and by merchants, but in the public relations program in all forms of communications—press, broadcasting, show business, churches and national organizations of every type.

The individual manufacturers and retailers will tie-in with this spotlighting of Fathers' Day. Each will tie-in in manners of his own choosing. The Council stimulates this through the use of the mails and person-to-person contacts of salesmen and their organizations in all the fifty states.

On the non-commercial side, the official curtain raising for the Father's Day Season in 1963 will occur on May 23rd at the National Father of the Year Awards ceremonies at a luncheon at the Waldorf-Astoria Hotel, New York, conducted by the National Father's Day Committee.

All forms of public observance of Father's Day will continue from May 23rd to June 16th, Father's Day. The trades have agreed to begin Father's Day consumer promotion on June 1st.

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Please inform this office.

"The Maryland Pharmacist" is not forwarded by the Post Office when you move.

To insure delivery of The Maryland Pharmacist and all mail, kindly notify the office when you plan to move and state the effective date. Thank you for your cooperation.

Nathan I. Gruz, Editor
Maryland Pharmacist
650 West Lombard Street
Baltimore I, Maryland

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Arkansas Court Upholds Prophylactic Laws

In a sweeping opinion the Chancery Court of Pulaski County, Arkansas currently upheld the "reasonableness and desirability" of the state drugstore prophylactic statute and similar city ordinances for Little Rock and North Little Rock. The constitutionality of these laws, which forbid prophylactic vending machine distribution, has been attacked by plaintiff Arkansas Distributors, Inc., a vendors' association, in a suit against the States Board of Pharmacy as a principal defendant.

Youngs Rubber Corporation, maker of the nationally known "Trojan" brand products, engaged counsel in the case to appear for the Board of Pharmacy in defending the prophylactic laws. The vendors' association has 30 days in which to appeal the decision.

In its opinion the Court said in part:

"The articles here sold are not ordinary commodities but must be classified as commodities which, if improperly controlled, could tend to engender vice, indecency and social corruption.*** If we accept the argument of the plaintiffs that rubber prophylactics are a community necessity, still common sense and reason tell us that strict control of their sale is also a community necessity. Where these articles are sold only by licensed outlets under state supervision and control, improper use will be discouraged. The sale of such articles in public rest rooms unnecessarily places before the youth of our State a temptation fraught with danger. The vending machine is known to be an effective "silent salesman" from which purchases can be made without embarrassment which might attend the purchase of the article from a respected citizen of the community. If this likelihood of embarrassment proves a deterent to a clandestine engagement between misguided youth it is indeed a benefit to the community. The business sought

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here to be regulated directly affects public morals and health and is, therefore, subject to strict surveillance. The Court is constrained to make this further observation. The vulgar display of the vending machine, with its suggestive advertising, filled with the article for sale, shocks the sensibilities of many decent men and women who find it necessary to avail themselves of public rest room facilities, particularly with their children."

The favorable outcome of this case might have been severely jeopardized if Youngs had not won a judgment recently in a $30 million lawsuit against it; this suit was by a prophylactic vending machine operator who complained of Youngs and various pharmaceutical associations for seeking drugstore-only prophylactic laws; by winning the litigation Youngs established that such activities are lawful. More broadly, Youngs' victory vindicated the right of pharmaceutical associations to lobby for legislation believed to be in the interest of Public health and welfare. By its defense, Youngs has prevented sapping the vitality of drugstore-only laws already on the books, and assured that organized Pharmacy can continue to be heard in matters of community importance.

Eye Drop Danger

Infection from contaminated eye drops often causes blindness, an Australian eye surgeon said.

In the United States, the real incidence of eye infections from contaminated solutions is unknown because of fear of legal liability among doctors and hospital staff, Dr. D. O. Crompton, honorary eye surgeon at Royal Adelaide Hospital, declared.

Dr. Crompton said medical journals should publicize cases of eye infection caused by contaminated eye drops. They should not feel "fettered by fear of any possible legal consequences following specific disclosures," he said.

Not long ago in an Australian hospital, a number of eyes were lost in a few months from infection following lens extraction, he said.

"The cause was found to be unsterile eye drops. When the ophthalmologists wished to make public their findings, permission was refused by the hospital administration."

General Marketing Concepts Of New Products

"The analysis of general marketing data coupled with specific information related to a manufacturer's capabilities and desires, form the best possible basis for a successful new products' operations." C. W. Naefe, Manager of Nielsen New Product Service, examined this concept in detail at an address before the Omaha-Lincoln Chapter of the American Marketing Association in Omaha recently.

To illustrate these points he reviewed the recent six year trends in retail spending by category noting, for example, that grocery stores now account for over 25% of all retail sales. He then examined the population forecasts for the 1960's pointing up the 40% gain predicted for metro area suburbs by 1970 (versus an over-all population growth of just 19% for the U.S. as a whole) and the effect this will have on consumption patterns

He further cited the number of "Double Duty Housewives" (about 24 million women working) and reviewed the impact this has had on the sale of convenience-type products. Mr. Naefe emphasized the importance of new product development by pointing out that 56 new or improved brands test marketed by Nielsen reached an annual volume of over 550 million dollars.

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Detailed literature and samples available to physicians upon request.

1. *Siver, Robert H.: Current Medical Digest, Vol. XXI, September 1954.*
2. *Weekes, Don J.: New York State Journal of Medicine, Vol. 58, August 1958.*
3. *Abbott, P. L.: Journal of Oral Surgery, Anesthesia and Hospital Dental Service, July 1961.*
4. *Siver, Robert H.: The Journal of the Medical Society of New Jersey, Vol. 58, February 1961.*

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Spring Regional Meeting

Presentation by President Victor H. Morgenroth, Jr.

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The Maryland Pharmacist

— NATHAN I. GRUZ, Editor —

Volume XXXVIII **APRIL, 1963** **No. 7**

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Editorial . . . . . .

April 1963 will go down as an important milestone in Maryland pharmaceutical history. On April 17th Governor J. Millard Tawes signed into law House Bills 371 and 372, to be effective June 1, 1963. This legislation was developed by the Legislative Committee of the Maryland Pharmaceutical Association under Chairman Jerome Mask.

This work can truly be said to have been the result of the cooperative spirit of many groups and individuals. Giving their all out support were President Morgenroth of the M.P.A., President Libowitz of the B.M.P.A., President Sinker of Prince Georges-Montgomery County Pharmaceutical Association and President Allen of the Allegany-Garrett County Pharmaceutical Association, Chairman Jacob L. Richman of the B.M.P.A. Legislative Committee is also to be commended for the valuable aid of his Committee.

The profession of pharmacy in Maryland is also fortunate in the presence of the State Legislature of Delegate Chester G. Kosakowski, a licensed pharmacist. Delegate Kosakowski is a devoted, sincere friend of pharmacy and has always been anxious to assure legislation that is in the public health interest and which will enable the profession of pharmacy to serve the public more effectively.

The testimonial dinner tendered Delegate Kosakowski by the Maryland Pharmaceutical Association at its Spring Region meeting is a token of appreciation and indicates the high esteem with which the profession of pharmacy regards him.

The lesson of 1963 to all pharmacists in Maryland is this:

> Properly organized, with the support of **every** pharmacist and allied person, the profession of pharmacy can secure the strength and influence to assure the conditions necessary for the proper practice and survival of pharmacy. The public will benefit by receiving pharmaceutical service of the highest professional standards. In the end, pharmacists and the allied industry also benefit by enhancement of professional stature.

In Maryland, the instrument for action in behalf of pharmacy is the Maryland Pharmaceutical Association. Are **you** helping to make this instrument the most effective possible?

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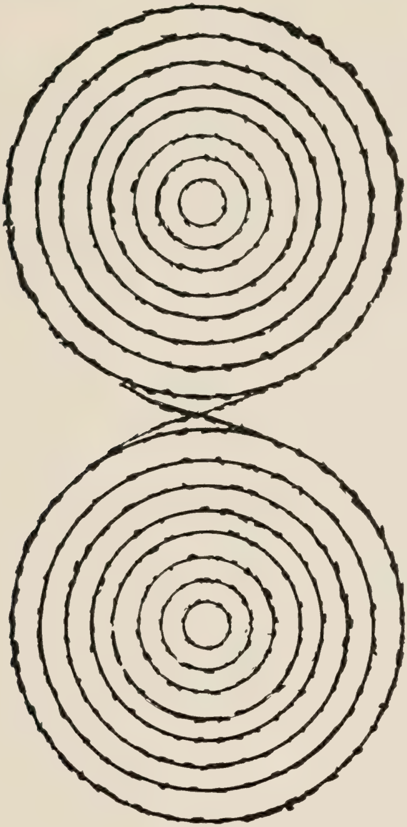

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President's Message . . . . . .

Dear Fellow Members:

In opening my remarks, first let me congratulate the membership again on their splendid attendance and attention paid at the Spring Regional Meeting. It was particularly gratifying to be to be a part of the presentation to Delegate Kosakowski in appreciation of the task he has accomplished with the pharmacy laws. Legal Counsel Joseph Kaufman and New Jersey State Secretary Alvin Geser certainly expounded on theories concerning pharmacy laws that even further open up channels of approach to a better future in pharmacy. These suggestions and ideas, of course, are in the hands of Jerome Mask and the Legislative Committee.

The number of men attending the National and State Conventions is most gratifying. It shows a continued and continuing interest in solving our problems at every level. As I have said in the past and shall continue to preach in the years to come, our only success as a profession lies in our ability to act as a group through association activities, this activity being at the local, state and national level. This association must be at these three levels—local, state and national.

It seems to me that there is an increasing awareness by more and more pharmacists that unified effort at all three of these levels is a must. In Maryland, I feel we are making great strides in establishing harmonious relations between all local groups and the state professional pharmaceutical society—the Maryland Pharmaceutical Association. Strong grass roots pharmaceutical associations can help create an even stronger state association. In this way we can develop proper and efficient organizations to meet both local and state-wide problems. We can thereby coordinate all our efforts, resources and persons in the field of Pharmacy.

The beneficiaries of a strong Maryland Pharmaceutical Association will be all the pharmacists, drug wholesalers and manufacturers, and all those allied with Pharmacy in Maryland.

Sincerely,
VICTOR H. MORGENROTH, JR.
President

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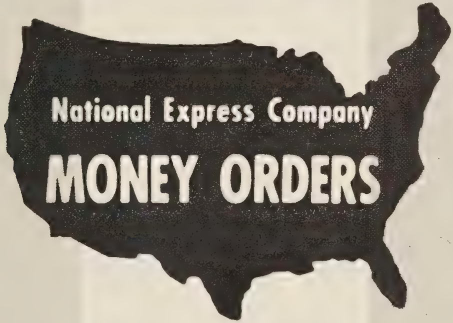

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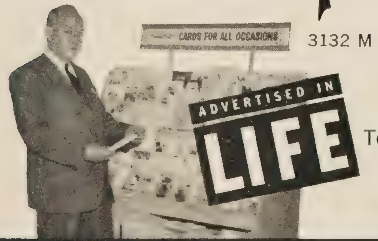

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To learn more about the advantages of becoming a CharmCraft dealer, drop us a line today.

Secretary's Script . . .

A Message from the Executive Secretary

QUALITY STABILIZATION BILL—1963

The Quality Stabilization Bill, known as the Humphrey Bill (S. 774) in the Senate and the Harris Bill (H.R. 3669) in the House of Representatives, is receiving a better response in Congress in this session than in previous years.

At this point few persons associated with Pharmacy should have to be reminded that the Quality Stabilization Bill is essential to the restoration and maintenance of an orderly condition in the market place. Branded merchandise requires some protection from abuse so that these items will not be the prey of predatory price cutters. The end result without this law must be disruption of distribution, deterioration of quality, loss leaders, expansion of private brands and economic chaos. The prospect certainly would be to accelerate the movement toward consolidation of giant enterprises, elimination of small entrepeneurs and lessening of opportunities for newcomers as the giant enterprises continue to expand.

We are at a critical stage.

Now is the time to:

CONTACT YOUR *TWO* CONGRESSMEN (One from *your* district plus Congressman-at-Large Sickles)

CONGRESSMEN:

DISTRICTS

#1 Rogers C. B. Morton
#2 Clarence D. Long
#3 Edward A. Garmatz
#4 George H. Fallon
#5 Richard E. Lankford
#6 Charles McC. Mathias, Jr.
#7 Samuel N. Friedel

Carlton R. Sickles, Congressman-at-Large

CONTACT YOUR *TWO* SENATORS.

SENATORS:

J. Glenn Beall   Daniel B. Brewster

*Put these men on the spot by asking them how they stand on the Quality Stabilization Bill. They all have had sufficient time to study this bill.

*Take a morning or afternoon to visit your elected representatives.

If enough people in all field let these men know the urgency of this legislation, we can have this law in 1963.

Sincerely,

Nathan I Gruz

Executive Secretary

"Over 60 Years Service To Baltimore Druggists"

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Trojans - Lambskins - Guardians
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Store Name__________
Type of Store__________
Address__________
City__________ Zone____ State__________

NEW PHARMACY LAWS

Effective June 1, 1963

The following laws were enacted by the 1963 General Assembly of Maryland and signed by Governor Tawes on April 17, 1963. These laws were introduced by Delegate Chester G. Kosakowski at the request of the Maryland Pharmaceutical Association in the interest of public health and higher professional standards for the practice of pharmacy.

HOUSE BILL 371

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That Section 266A (c) of Article 43 of the Annotated Code of Maryland (1962 Supplement), title "Health," subtitle "Commissioners of Pharmacy," be and it is hereby repealed and re-enacted, with amendments, to read as follows:

266A.

(c) The Board's power either to reprimand a pharmacist or assistant pharmacist or to suspend or revoke his license shall be for any of the following causes:

(1) Conviction of:

(i) A crime involving professional misconduct respecting the pharmacy drug laws.

(ii) A crime involving the State Uniform Narcotic Drug Act or the federal narcotic laws.

(iii) His addiction to the use of morphine, cocaine, or narcotics of any kind.

(iv) His knowingly, intentionally or fradulently adulterating, or causing to be adulterated, drugs, chemicals or medicinal preparations.

(2) Procuring, or attempting to procure, registration in Maryland as a pharmacist for himself or another by knowingly making or causing to be made false representations to the Board.

(3) Adjudication as an incompetent under the provisions of Article 59 of this Code.

[(4) Paying rebates or entering into any agreement for payment of rebates to any physician, dentist or other person for the recommending of the services of any person.]

Upon proof satisfactory to the Board of Pharmacy that a pharmacist or assistant pharmacist is guilty of grossly unprofessional conduct. The following acts on the part of a pharmacist or assistant pharmacist are hereby declared to constitute grossly unprofessional conduct:

(i) Paying rebates or entering into an agreement for payment of rebates to any physician, dentist or other person for the recommending of the services of any person.

(ii) The providing or causing to be provided to physician, dentist, veterinarian, or other medical practitioners, prescription blanks or forms bearing the pharmacists' or pharmacy's name, address or other means of identification.

(iii) The association by a pharmacist, either as a partner, co-owner, or employee of a pharmacy, wholly or substantially owned by physician, dentist, veterinarian, or other medical practitioner or group thereof; but this paragraph shall not be construed or applied to have any retro-active effect or to apply to any such association existing on the effective date of this act, for such period as that association remains in continuous existence.

(iv) The advertising to the public by any means, in any form or through any media, the prices for prescriptions, dangerous or non-proprietary drugs, or fees for services relating thereto or any reference to the price of said drugs or prescriptions whether specifically or as a percentile of prevailing prices, or by the use of the terms "cut rate," "discount," "bargain" or terms of similar connotation.

(v) The advertising or claiming to the public of professional superiority in the compounding or filling of prescriptions or in any manner implying professional superiority which may undermine public confidence in the ability, character and integrity of other pharmacists.

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SEC. 2. AND BE IT FURTHER ENACTED, That this Act shall take effect June 1, 1963.

HOUSE BILL 372

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That Section 268(b) of Article 43 of the Annotated Code of Maryland (1957 Edition), title "Health," subtitle "Commissioners of Pharmacy," be and it is hereby repealed and re-enacted, with amendments, to read as follows: 268.

(b) On evidence satisfactory to the said Maryland Board of Pharmacy; (a) that the pharmacy for which the permit is sought will be conducted in full compliance with the law and with rules and regulations of the said Maryland Board of Pharmacy; (b) that the location and appointments of said pharmacy are such that it can be operated and maintained without endangering the public health or safety; (c) that said pharmacy will be constantly under the personal and immediate supervision of a registered pharmacist, a permit shall be issued to such persons, co-partnerships, associations or corporations as the said Maryland Board of Pharmacy shall deem qualified to conduct such pharmacy; (d) *That the said pharmacy shall not engage in a restricted, limited, partial or closed door service or operation to the public or to any group of persons but must be available to the entire public, provided however, this provision shall not apply to a hospital pharmacy; (e) That said pharmacy shall offer complete pharmaceutical service by compounding or dispensing all prescriptions which may reasonably be expected to be compounded or dispensed by the pharmacist; (f) the said pharmacy shall not offer professional services under terms and conditions which tend to interfere with or impair the free and complete exercise of professional judgment skill or enter into any agreement which denies the patient the right of free choice of pharmacists; and (g) that said pharmacy shall not violate any of the provisions of section 266A (c) (4) of this Article.*

If an application shall be refused, the said Maryland Board of Pharmacy shall notify the applicant in writing of its decision and the reasons therefor.

Permits issued under the provisions of this section shall be exposed in a conspicuous place in the pharmacy for which issued. Such permits shall not be transferable; shall expire on the last day of December following the date of issue, and shall be renewed annually.

SEC. 2. AND BE IT FURTHER ENACTED, Thas this Act shall take effect June 1, 1963.

EXPLANATION: **Italics** indicate new matter added to existing law. [Brackets] indicate matter stricken from existing law.

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So, stock up with Sealtest Ice Cream. Display the Sealtest sign of quality. Then, count up your extra Sealtest profits!

* * * * *

And be sure to Feature this Special Flavor
Vanilla Orange Royale
for your Fountain and Take-Home Customers!

Sealtest
TRADE MARK

School of Pharmacy, U. of M., News . . . . .

U. of M. School of Pharmacy Receives Grant from John C. Stalfort & Sons Co., Inc.

The University of Maryland School of Pharmacy has received a grant of $4,000 a year for three successive years from the John C. Stalfort & Sons Company, Inc., of Baltimore. The grant was made in memory of Edwin D. and Arthur J. Stalfort, deceased sons of the founder of the company.

Dr. Noel E. Foss, dean of the pharmacy school, reports that a portion of the grant has been awarded to M. David Richman, 5611 Haddon Avenue, Baltimore, who is now working toward a master of science degree. The Stalfort contribution will enable Mr. Richman to continue work toward a Ph.D. in pharmacy for the next three years, under the direction of Dr. Ralph F. Shangraw, assistant professor of pharmacy.

The Stalfort Company was founded in Baltimore in1865 by the late John C. Stalfort, and is now one of the nation's largest contract packagers of chemical specialty and aerosol products.

Left to right: Dr. Ralph F. Shangraw, Assistant Professor of Pharmacy, University of Maryland School of Pharmacy; Dr. Noel E. Foss, Dean, University of Maryland School of Pharmacy; Charles E. Beach, President of the Stalfort Company; and R. J. Kraus, Sales and Technical Director of the Stalfort Company.

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Contributions . . . . . .

Isopropyl Myristate-Palmitate

by B. F. Allen, Ph.D.*

Fatty acid esters of low molecular weight monohydric alcohols are interesting compounds because of their low melting points as compared to the fatty acids themselves or even their glycerides or other polyhydric alcohol esters. These synthetic esters have similar properties to the vegetable oils but are free of the disadvantage of variable composition, and tendency to become rancid.

At room temperatures almost all of these substances are low viscosity liquids and after application they do not exhibit the characteristic greasy appearance or feel often associated with mineral oil.

The properties of the various esters vary with their structures, the principal difference being in their freezing points. Isopropyl myristate and isopropyl palmitate are perhaps the most commonly used because of their lower freezing points and greater resistance to hydrolysis, since they are esters of secondary alcohols.

These esters have practically no emulsifying power. They are principally used as liquid emollient vehicles, viscosity reducing agents and solubilizing mediums for fat, oil and wax compositions. They are particularly effective in reducing greasiness and improving the spreading properties of such mixtures.

It has been noted that the designation isopropyl myristate-palmitate appears in several suggested oil-in-water ointment bases (ester concentration 1%), as well as in a sunburn cream (ester concentration 20%). This seems to indicate that either ester can be used in the formulations, since they appear to be interchangeable, or else a so-called "mixed" grade was used in the preparation. The latter could be an isopropyl ester of fatty acids derived from spermaceti (the primary constituent is cetyl palmitate), or a commercial product which is stated to be predominantly one ester, with a small amount of the other ester, etc.

These isopropyl esters have been suggested as possible answers for some of the questions confronting pharmaceutical and cosmetic formulators relating to the need for oils having low odor and color, low viscosity, high stability; emolliency, lubricity, smoothness, spreading and penetrating properties; solvents for lanolin, cholesterol, hexachlorophene, silicone oils, perfumes and sunscreening agents.

Isopropyl myristate is a clear, colorless and virtually odorless mobile liquid, consisting mainly of the isopropyl ester of myristic acid and lesser amounts of the corresponding esters of lauric and palmitic acids. To some extent its constitution and, consequently, certain characteristics vary according to origin.

This ester is completely miscible with mineral and vegetable oils, fats, waxes and fatty alcohols, insoluble in water, glycerin, Carbitol (diethylene glycol monoethyl ether) and sorbitol, and exhibits a limited solubility in aqueous ethyl alcohol.

It is reported to have good solvent powers, a low order of sensitization when applied to the skin of humans, and a low toxicity when administered topically and orally to rabbits and rats.

Due to the physical similarity of isopropyl myristate to many of the vegetable oils being used as repository vehicles, an investigation has been made to determine if this compound might also be adapted to such use. Its mixture with aluminum monostearate in a 2 per cent solution of the latter compound retained effective therapeutic concentrations of penicillin for periods up to forty-eight hours after intramuscular injection in

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* University of Maryland, School of Pharmacy.

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rabbits. In experiments on ovariectomized rats, it compared favorably with sesame oil as a repository vehicle for estrogens.

The liquid isopropyl ester of purified palmitic acid is an effective emollient, solvent, solubilizer and dispersant. It is a useful ingredient in various types of products and increases flow, promotes wetting and imparts textural smoothness and improved spreading properties.

One commercial brand of isopropyl palmitate is reported to be soluble in 4 parts of 90 per cent alcohol, soluble in mineral, peanut, sesame, olive and almond oils, and insoluble in water.

Although its solvent and solubilizing action is not equal to that of the myristic acid ester, it is still possible to make liquid preparations with high fat and wax content. It is also used to keep lanolin in large quantities in solution with mineral oil.

The fatty acid esters of low molecular weight alcohols have been used extensively in hand creams and lotions. These agents are desirable in hand-product formulations because they are oily in character and possess low viscosity. When applied to the skin, they deposit a thin, oily film that is free from the objectionable feature of being greasy or tacky. The continuous and hydrophobic nature of these films also tends to make these agents good emollients.

In general, many of the fatty acid derivatives of the monohydric alcohols, such as isopropyl myristate and isopropyl palmitate, are useful as bromo (lipstick dyes) solvents and also excellent agents to employ for lowering the viscosity of the applied lipstick film. When used in the proper amount (5-15%), these compounds will also appreciably assist in reducing the thickness of high castor oil content films (35 per cent castor oil in some lipstick formulations).

A very successful hair preparation in recent years is an oil system which utilizes isopropyl myristate or palmitate as a solvent for large amounts of lanolin. The resultant film features a reduced oiliness, while at the same time giving excellent softening and emollient properties.

A current vogue is for so-called floating bath oil. The fragrance is on top of the bath water being forced into the air by convection of the warmed air carrying the fragrance off with it. Since the products floats as a thin film on the surface of the water, it is then transferred to the body while bathing.

The base of such bath oils used to be light mineral oil. This is now replaced by a number of ingredients which includes isopropyl myristate and palmitate. One published formula contains 90-95 per cent isopropyl myristate, 5-10 per cent perfume and a sufficient quantity of color.

The extensive use of these esters is further indicated by the following cosmetic preparations: cream rouge (27% isopropyl palmitate), suntan oil (25% isopropyl myristate), powder cream (34% isopropyl myristate), and powder stick (30% isopropyl myristate).

An investigation into the properties of isopropyl myristate has been undertaken to determine its possible pharmaceutical applications. Mixtures were prepared of this ester with varying proportions of wool fat, paraffin and petrolatum. Isopropyl myristate was completely miscible with wool fat in concentrations up to 50 per cent and all the mixtures remained liquid on standing at room temperature. It was immiscible with paraffin, producing granular mixtures from which liquid separated on standing. With white petrolatum, it formed homogeneous mixtures.

In this investigation it was also reported that microcrystalline waxes act as blending agents in the combination of isopropyl myristate and paraffin. These waxes[a] produced smooth homogeneous mixtures which did not separate

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[a] Microcrystalline wax is a solid hydrocarbon mixture that is separated from heavy petroleum distillates and residues.

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on standing at room temperature. A mixture of isopropyl myristate and wool fat was suggested as a replacement for peanut oil in a cream formulation.

Particular attention has been called to the thixotropic properties of isopropyl myristate. On admixture with most vegetable or hydrocarbon waxes, a thixotropic gel results. This effect is shown by a breakdown of liquefaction of the gel under slight pressure of the fingers or rubbing on the skin, and reversion of the gel form on removal of the pressure and remaining unaffected by normal temperatures.[b]

The incorporation of a liquid myristic acid ester of isopropyl alcohol in a rubbing oil (liniment) will improve the product considerably. Its lubricating action facilitates massaging. The ester also reduces oiliness and increases penetration. Formula: isopropyl myristate 20 parts, methyl salicylate 30 parts, and olive oil 50 parts.

Difficulties encountered in the extemporaneous compounding of certain prescriptions involving the solubility of phenol and certain volatile oils (example: cinnamon oil) in light liquid petrolatum may be overcome with the use of small amounts (1.5-3%) of isopropyl myristate as an intermediate solvent. This substance also appears to be useful in solving certain prescription problems involving cocaine, resorcinol, salicylic acid, and vanillin, but higher proportions (17-50%) of the solvent are required.

Experimental evidence seems to indicate that this ester is a useful levigating agent (5-7%) in ointments containing scarlet red or coal tar.

Keeping pace with the aerosol has not been easy. Experimentation has made it possible to now prepare pressurized powder formulations which contain high concentrations of solids depending, of course, on the type of product to be prepared, the concentration of co-solvent utilized, the propellent mixture, type of valve, etc.

Isopropyl myristate is a co-solvent in several dermatologic pharmaceutical aerosol preparations. It also has found widespread use as a suitable lubricant and dispersing agent in suspension or dispersion type of aerosol systems, to prevent valve clogging.

Concentrations ranging from 0.1 to 2.0 per cent have been suggested for the aforementioned purposes depending on the type of product involved and the adhering properties desired.

However, it should be noted that as an active ingredient of a specific formulation, isopropyl myristate has been used in the following aerosols with the concentration indicated in the parenthesis: hair conditioning (8.5%) and cleansing lotion (15%).

How To Increase Profits Of Your Cosmetic Department

By Wallace T. Drew,

Vice President of Marketing and Director,
Coty, Inc., New York, London, Paris

. . . speech at Maryland Pharmaceutical Association's First Simon Solomon Pharmacy Economics Seminar, Baltimore, Maryland, November 1, 1962.

It is a pleasure to address you on behalf of Coty and indeed on behalf of the entire perfume and fine cosmetics industry.

I enjoy talking on the subject assigned to me today "How To Increase Profits Of Your Cosmetic Department" — because this is a topic on which Coty has spent a great deal of time and money researching, both in this country and abroad.

In preparation for today's discussion, we mailed questionnaires to every drug retailer in Maryland, analyzed the returns, and then spent two days here in Baltimore photographing your stores. We also analyzed our Nielsen store audit data, as well as extensive con-

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[b] Thixotropic paints are marketed which are thick in the container and become thin on spreading with a paint brush, therefore, the mixture does not separate on standing nor does it require stirring prior to application.

Protection *A fearsome roar and a mighty sweep of a paw is the cub's protection against attack. The pharmacist's protection against non-drug competition is our "drugstores only" policy. And we'll defend it, no matter what.* YOUNGS RUBBER CORPORATION

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sumer research. Dr. Paul Olsen of **Drug Topics,** Dan Rennick of **American Druggist**, and the staff of **Chain Store Age** also contributed their thinking.

I will now show you a series of slides which will give you some insight on your opportunities as a Maryland druggist selling fine perfumes and cosmetics.

There are two departments in your store that place you in the most favorable light to your customers. First, of course, is your prescription department. It reflects your professional status as a doctor of pharmacy and the fine and crucial role you play in family health. The second role is that of a trusted salesman of luxury goods — perfumery. The drug store is, in most instances, the preferred place of purchase for fine perfumes, toilet waters and mists. Your customer expects you to be an expert on perfumery just as he trusts your judgment and skill on pharmaceuticals.

Your problem here is the same as that of retailers of perfumes and fine cosmetics all over the world. You are dealing with the problem of how to give women a feeling of high value and satisfaction through the sale of luxury merchandise.

The essence of your problem is that of learning skilled salesmanship, of creating a mood and an atmosphere in your store so elegant that a woman would rather buy cosmetics from you than from the more convenient house-to-house saleswoman, from the lower-priced discounters or from other retail competitors who may have other advantages.

Let's talk about your women customers. In these days of sociological and psychological research, she no longer has much to hide. She is no longer a total mystery, because she has been researched from all angles. Here are some of the things that you need to know about her if you are to make the sales and profit that are the rewards of skilled selling:

1. She wants to be **attractive** and **popular.**
2. She is constantly seeking **information** and **help** on how to be more attractive and popular.
3. She craves **satisfaction** and she expects that money will buy this satisfaction.
4. She is luxury brand conscious and has a mental image of the type and social class of each fine perfume brand.
5. She will give her business to those who do the most to **help** her become attractive and popular and achieve maximum **satisfaction** from her dollar.

Here are some facts about women and perfumery. Age, income, and social class of the woman, as well as her type of personality, are important factors in determining the perfume she uses. Half her purchases of perfumery are for self use; the other half for gifts. She wants the perfume she uses to express her personality and status. She wants her gifts to do the same.

The biggest selling perfumery items in drug stores are toilet waters and cologne mists. They are about even in sales. Perfumed dusting powder and talc are also large volume. The fastest use-up item is cologne mist.

In fine cosmetics, the biggest single traffic item is lipstick. It is the most frequently used cosmetic item. Next are face powder and makeup items, followed by face creams and skin treatment items, and finally by nail polish. Too much display space is devoted to nail polish, not enough to makeup and skin treatment items. **Young** women spend more on cosmetics than do **older** women. Working women spend more than housewives. Better educated, higher income women spend more.

Your women customers will respond to almost any effort on your part to be of help to her. She responds to:

1. A **clean** looking store.
2. Good lighting.
3. Charge account service.
4. Delivery — as you know, many women **cannot** leave their homes because of small children and no car at home.
5. Chairs to sit down in the store.
6. She appreciates efforts made to know her better, the colors she uses in cosmetics, the fragrances she prefers.
7. She appreciates receiving direct mail from you.
8. She appreciates skilled gift wrapping.
9. She appreciates friendly, well-informed sales people.

As I told you, half of all fine perfumes and fine cosmetics are bought for self use by women, the other half are bought as gifts. Gifts are bought by both women and men. The average gift purchase is higher than the average self-use purchase. So, gift business is very profitable. Take a good look at your store from the gift standpoint. Does your layout call people's attention to perfume, toilet water and mist **gift** items? I visit many drug stores where the only attention called to gifts is the gift card section. Are you content to let your customer walk out with a 25-cent birthday card when you could have sold her or him a $5 mist or perfume?

Here are a few facts about gifts. About ⅓ of all women bought fragrances as a gift for someone else during the past six months. In addition, about 48% of all women received some type of fragrance as a gift during this period. Husbands are more likely to give perfume as a gift. Women, friends, and members of the family tend to give toilet water or mist. Gift giving goes on all year long. The biggest occasion is birthdays. Others are anniversaries, Valentine's Day, Mother's Day, and, of course, there is a big peak at Christmas

The word "gift" should be used in your cosmetic departmental signs. Free gift cards should be available just as they are in department stores. Special wrapping paper and ribbons should be used to make the perfume gift elegant. Every effort should be made to make your store seem to your customer as the ideal place, the preferred place to shop for gifts. I can't tell you how sad I feel to see gift shops flourishing right next to drug stores that do a poor perfumery business but a big gift card business. No one ever got rich trading **down.**

Fine cosmetics and perfumes are expensive items and the customer needs advice in their purchase. I will guarantee that you can greatly increase your fine cosmetic business if you work this department in more depth. Right now you are **losing** a considerable amount of business not only to house-to-house selling, to discounters and to other retailers, but due to lack of know-how or inertia. Here are a few good moves that have worked for other druggists:

1. Put the cosmetic department in front of the store.
2. Use **both** wall and floor cases to display cosmetics.
3. Use special lighting to create a glamorous mood and enhance the candlelight effect which makes makeup lines look more attractive.
4. Buy an illuminated makeup mirror with a magnifying glass on one side.
5. Provide chairs so that the women can sit down. You can sell her more if she is seated.
6. Install a carpet in the cosmetic area.
7. Invest a little money in artificial flowers, chiffon scarves, some costume jewelry, to decorate your floor case.
8. Have complete assortments of the lines you carry and capitalize on

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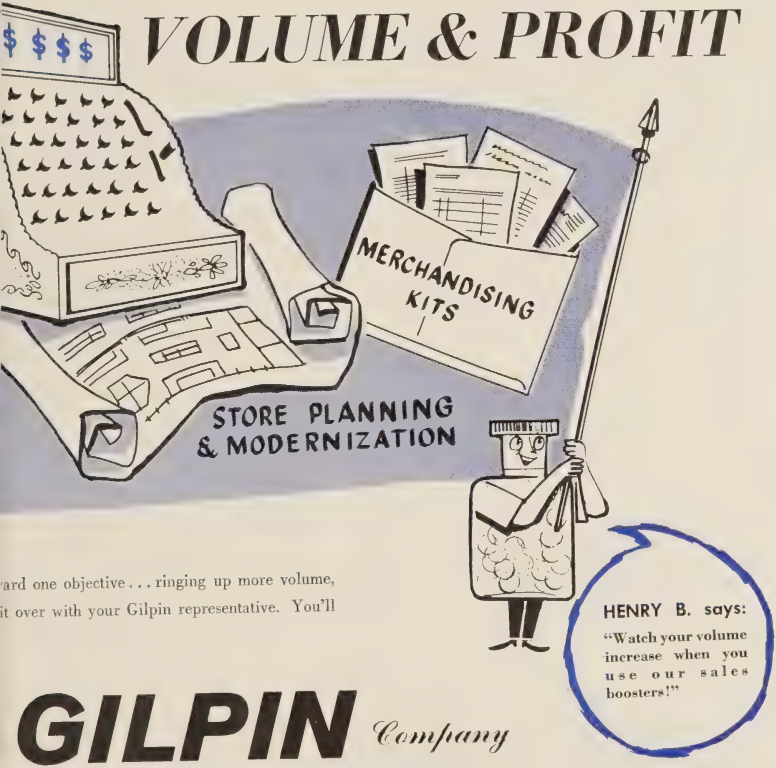
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9. Demand of the manufacturer that he help you train your cosmeticians.
10. Use pastel paints on walls and cases in the cosmetic departments. Just as white signifies the prescription department, pinks and pastels signify the cosmetic department.
11. Buy smocks for your cosmeticians, just as you provide jackets for your pharmacists.

Here are a few tips about displaying cosmetics:

1. Put the bigger perfume items on open display to encourage pick-up sales of mists, toilet waters, dusting powders and talcs.
2. Don't put on open display smaller makeup items unless they are carded. If not, they should be displayed under glass to avoid theft.

Display your fine cosmetics as lines. In other words, all Coty should be displayed together, all Lanvin, all Chanel, all Max Factor, all Revlon, all Helena Rubinstein. Cologne mists should be displayed en masse because they have a very fast rate of turnover. The same for toilet water and dusting powder.

What about makeup items? Lipsticks should be prominently displayed because they are the fastest moving items. Too much space is devoted to displaying of nail polish. It has a much slower rate of turn. Remember, today most women do **not** use matching shades of nail polish. They use complementary shades to their lipstick.

Perfume, makeup and skin treatment selling lends itself to tie-in sales. For example, the sale of cologne mist is a natural lead-in to the sale of a dusting powder in the same fragrance. The sale of loose face powder is a natural tie-in to a foundation base and to a pressed powder compact. The sale of a face cream is a natural tie-in to a skin cleanser and to an astringent. Remember, an untrained sales girl in the cosmetic department can cause you thousands of dollars a year in lost tie-in sales. A skilled cosmetician is worth her weight in gold.

PROMOTIONAL SELLING

You know from long experience that it is smart to tie in with national advertising. But, it is also very smart to tie in with local advertising. A great deal of cosmetic money is spent in department store cooperative advertising. Keep an eagle eye on your local newspaper. Tie in with promotions that are run by department stores and drug chains and by your competitors. Demand that your manufacturer salesman keep you informed when these ads are to run.

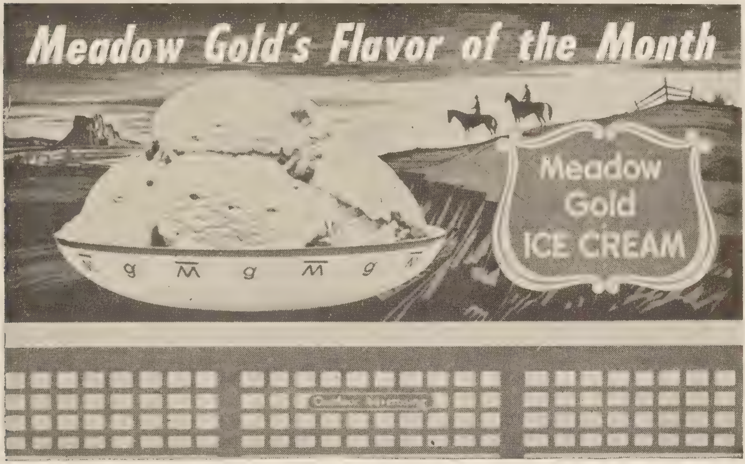
The big promotional occasions of the year are:

.1 **January 1st cut price sales.** Cut price specials are featured in treatment, makeup, and perfume lines in the six weeks' period immediately after Christmas. Buy and feature these items during this period.
2. Valentine's Day. Feature fragrances during this period.
3. Easter.
4. Mother's Day.
5. Back to School.
6. Christmas.

Much of the merchandise you will need to tie in with these promotions is already in your inventory. Get it out on display.

Take a free ride on the manufacturers' or your competitors' advertising. Most department store coop advertising can only be productive if it sells merchandise through the drug stores.

Who are your competitors? Well, your biggest competitor is house-to-house selling. This industry has grown by leaps and bounds. You cannot afford to sell house-to-house so your only hope is to draw the customer into your store. You ought to be able to lick the house-to-house seller with one hand tied behind your back. He is vulnerable. First, you have a better reputation than a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Tie-in with this great promotion! Feature the MEADOW GOLD "Flavor of The Month" and CASH-IN with bigger sales!

house-to-house salesman. Second, the big national brands you carry enhance your reputation and represent better value than house-to-house lines which are relatively expensive, by the way. Third, your customer gets faster delivery. It generally takes several weeks for a house-to-house item to arrive. Fourth, there is a terrific turnover in house-to-house salesmen and the customer has no continuity of service.

Are you worried about the super market and the discount store as fine cosmetic outlets? I have some good news for you. These stores are flopping as fine cosmetic outfits. They are doing great as far as popular-priced toiletries, toothpastes, deodorants, hair tonics, etc. but they are very poor outlets for fine cosmetic lines. In fact, consumer research shows that the drug store is the **preferred place** of purchase for fine cosmetic lines. There is no indication that this is likely to change.

Is it worthwhile to put forth extra effort for cosmetics and perfumes? **Of course** it is. This department accounts for approximately 10% of independent drug store sales. Chains do about 50% better. It takes up about 15% of your square footage. It accounts for about 20% of your store inventory.

Now, a word about your **cosmetician.** A good cosmetician should be your most valuable employee after your pharmacist, of course. There are trained cosmeticians in about 10,000 drug stores in America. The training responsibility is a joint one between you and the manufacturers whose lines you carry. This training has been carried out very poorly. Only about half of all women who sell cosmetics in drug stores have had any cosmetician training in beauty schools or in manufacturers' classes. Most training is done on the job and is inadequate. A valuable cosmetician has the following attributes:

1. She has knowledge and skill in selling.
2. She is systematic in taking inventory, getting stock on display, and in giving her customers highly personal service.
3. She has a good appearance, preferably wearing a smock.
4. She has skill in gift wrapping.
5. She has a profit incentive because she is given the 5% PM that the leading cosmetic franchise lines make available to you. In fact, this is the only area in the store where your clerk should be on commission.

It is not necessary that the cosmetician be a young woman. In fact, the biggest perfume outlet in the world, the Gallerie Lafayette department store in Paris, has a store policy of hiring women 50 and over, feeling that they have greater skill in selling luxury perfumes and cosmetic merchandise.

Now, what about your advertising. Our suggestion is:

1. That you set up a store advertising budget at the beginning of the year with a plan for advertising **primarily** your professional prescription service and your cosmetic lines. It is usually wise to do newspaper advertising, circular advertising, classified section of the telephone directory and direct mail to your customer list as well as your store window display advertising. Newspaper advertising is practical only if you can buy circulation in your immediate trading area. You should create some of your own posters, so a poster set would be a good investment. You should tie in with big national advertising. You should use window banners and counter displays that are provided with highly advertised national promotions in makeup, fragrance and treatment.

INVENTORIES

You should carry in depth those lines that do the bulk of the business. The **ideal** line is one which is highly advertised nationally, which is in a higher price and prestige category, and which is prepared to cooperate with you promotionally. These lines include **Coty,**

Revlon, Max Factor, Helena Rubinstein, Lanvin, and **Chanel** and others. Don't stock or push odd-ball lines or items for the sole reason that you think they are of limited distribution. We see many stores carrying heavy inventories of slow moving lines, while carrying small inventories and giving poor display to fast moving, highly profitable, highly advertised lines. Don't forget the best lines to feature are the prestige, high priced, highly advertised and cooperative lines.

Now, what lines should you avoid? Popular priced toiletry lines selling in the 49c to $1 area. Lines sold primarily through variety stores. Big, non Fair-Trade lines featured in discount stores at discount prices.

It was a real pleasure talking to you today and I hope that we at Coty can be of further help to you. Please feel free to call on me or on our capable representative in Maryland, Mr. Conroy, at any time.

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How The Pharmacist Can Support And Participate In The Medical Self-Help-Training Program

Jerome Block, B.S. Pharm.
Chairman, Civil Defense Committee,
Baltimore Metropolitan Pharmaceutical
Association

The 500 community pharmacies of the Baltimore Metropolitan area, serving thousands of people daily, can perform a vital service to their country and to their communities. Pharmacists, due to their excellent training background, are in possession of knowledge enabling them to understand the effectiveness of nuclear, chemical and biological weapons as casualty producing agents. By increasing this knowledge and encouraging members of their community to participate in the Medical Self-Help Training program, they can increase their community's chances of surviving a civil defense emergency.

It is in this realization that the Maryland State Department of Health has requested your assistance in promoting Medical Self-Help Training to your communities. By doing so you will be participating in nationwide program aimed at bringing Self-Help Training to some 60 million people—1 member of every household in the U.S.

The Medical Self-Help course, designed to teach self-reliance should disaster occupy all medical personnel and facilities, is compact and comprehensive. Containing lesson plans, teaching aids, projectors, slide strips and student material—implemented by a variety of aids such as the mouth-to-mouth resuscitation mannequins "Joe Blow" and Resusci-Anne"—this course is as stimulating to teach as it is to take. Pharmacists are excellently qualified to teach and it is hoped that some of you are so inclined. If you cannot teach, your local health department or civic defense agency will provide instructors. Whether or not you teach, all of you can encourage your patrons to partake of this program. Twenty-five persons are necessary to begin a class. Most of you have the ability to sell this program to many more persons. To help you do so, the State Health Department can make available an appropriate window display and handouts.

The following steps illustrate the amazing simplicity for one pharmacy, cooperating with Civil Defense, to bring Medical Self-Help Training to many more than the minimal 25 persons:

Step 1—Obtaining the first 25 students. This is accomplished simply by talking to neighbors as they patronize your pharmacy, getting their names and addresses, and turning this information over to Civil Defense Committee.

Step 2—Obtaining starting date for class, classrooms, and instructors. (The pharmacist promoting this class would be welcomed as an instructor if he so desires.) This is accomplished by Civil Defense authorities, and will probably be conducted in nearby public school.

Step 3—Informing first 25 students by mail of time and place course will be held. This is done by the local health department or civil defense organization at request of committee.

Step 4—Enlarging program to allow a maximum of persons from area to benefit from this training. This is accomplished partly through the efforts of the Civil Defense organization, and partly through the pharmacist's own public relations program.

a. Notices are given to students in school where course is to be held advising parents of class (done by civil defense organization).

b. Attractive and effective window display along with handout pamphlets is made available to participating pharmacists (State Health Department through your committee).

c. The participating pharmacist can enlarge enormously at this point by requesting publicity for his civil defense program through the following sources:

(1) Local shopping newspapers.

(2) Local improvement association presidents.

(3) Clergy in surrounding houses of worship.

(4) Local clubs — Kiwanis, Lions, Golden Age, Rotary, etc.

(5) Commanders of local military bases—invitations to officers, enlisted men, civilian personnel, and their families, could be extended in a note by pharmacist.

(6) Other persons as desired, this quantity limited only by the initiative and imagination of pharmacist promoting course.

d. Pharmacist can and should continue to urge his patrons to participate in course to obtain a miximum turnout.

Good Merchandising Reminder

By David A. Pettigrew
Sales Manager, Wholesale Drug Accounts
Sylvania Electric Products, Inc.

In the competitive business jungle today, the alert, progressive businessman is applying every sales strategy he has acquired through years of experience.

Is it unreasonable that your clerks be required to practice sales strategy? Are they acquainted with some of the factors involved? Here are some reminders to consider:

1. **Uncover the Needs of a Customer** You've heard this one over and over again. But there's more to it than meets the eye. For need can be a long term, as well as an immediate thing. Immediate need, beyond the planned purchase that brought the customer to your store in the first place can be fairly easily probed and filled on the basis of urgency. If your customers' interest in an item stems from desire rather than need, the situation must be handled more delicately. But over a period of time, through subtle selling, this desire can increase in urgency—and a sale will result.

Uncovering a customer's needs require conversation and the creation of an intimacy between customer and clerk. Once a need is known, it can be filed away, mentally, by the clerk-to be brought out again when the opportunity arises. Let's say, for example, you have a customer, Mr. Jones, who has shown interest in gadget bags but never purchased one. If you decide to run a red-hot special on gadget bags this week, isn't that the logical moment to pull one out and show it to Mr. Jones? He'll appreciate your interest—and most likely, you'll make your sale.

2. **Convince your customer that yours are knowledgeable suggestions,** based on practical experience, not guesswork This, of course, demands a knowledge of your lines, and the features and benefits which make them good. It doesn't necessarily mean that you have to be a camera, flash or film expert, though. Only that you should have the answers handy.

Fact of the matter is, it's easy: every dependable manufacturer publishes reams of informative literature. At Sylvania, for example, we publish our Photolighting Catalog, Color Flm and Flash Guide and many other Bulletins. "It's Easy to Take Better Flash Pictures" and the new Booklet, "Facts of Light" are two other successful Sylvania publications. These publications put the entire story of photo lighting—in a handy form—right at your fingertips. If you keep copies convenient to your counter, you'll have the answers when you need them. They'll be authoritative answers, too; answers which will inevitably reflect in your favor.

As we've said, no one expects you or your clerk to be experts. Only to have access to needed information. That's the kind of service that will help you cement your bond with your customers. It's the type of service that brings them back to your store.

3. **Point out the reasons why a specific brand or product is superior.** This is so obvious that it hardly needs men-

tion. Yet you well know the number of clerks who simply shove a product across the counter—almost defiantly—on a take-it-or-leave-it basis. Again, it's well worth your while to refer to manufacturers' literature for sales points. The features underscored by a manufacturer in his bulletins are invariably those in which he has invested his greatest efforts—and which make his product superior.

Pointing out these features is the formula for proving that the products you sell as a good value—at your price.

4. **Sell "now" as the time to buy.** "Now" is important—but even so, it's an arbitrary "now." Now implies waiting for the psychological moment to spring an item on Mr. Jones (like waiting for a special on gadget bags and then swinging into action). It also implies creating a now-urgency for any sale.

At the same time, remember that there is a significant difference between "pushing" and selling. Pushing is based on **your** needs; selling is based on your customers' needs. **Selling** enhances relationships while **pushing** destroys them.

Developing sales skill is just the same as developing any skill: it takes a lot of heavy effort to perfect. Skills are a matter of practice. Of getting into good, effective habits. Like tennis or golf: even the professional has to keep at it or run the danger of getting rusty.

Sales training, today, is an almost universal need. In your drug store, there's money to be made in photo products. The one sure way to make out best is through a staff geared to satisfying your customers' needs through personalized selling.

So act now. Bring your clerk training up to date, and make sure that for your store the "Profitable Sixties" is a decade of profits—not nightmares.

—BETTER BUYS published monthly by the Wholesale Druggist Merchandising Association, Inc.

The Harry L. Schrader Pharmacy Collection*

by Herman M. Kling

At the busy corner of Smallwood and Ramsay Streets, Baltimore, Maryland there is a pharmacy that presents the unique combination of a live, successful drug store and a museum housing a rare assemblage of pharmaceutical mementoes. Dr. Harry L. Schrader, the owner of Schrader's Pharmacy, is an avid collector in the old tradition. Even as a youngster he collected rare coins and postage stamps. Fortunately for the profession his interest turned to pharmacy and he has acquired an amazing amount of historic items pertaining to pharmacy.

In 1880 the pharmacy was opened. In 1890 it was taken over by Edward Schrader. It was known as a Deutsche Apotheke. Dr. Edward Schrader believed in a thorough apprenticeship and sent his own son, Harry, out to work in the world of pharmacy. He did not believe in coddling and Harry Schrader soon was taught pharmacy the hard way. Before he could work for his own father, he had to prove that he could successfully work for strangers. This fine training has been good, as Harry L. Schrader became president of the Calvert Drug Company and also president of a large Savings and Loan Association.

The collection composes sort of a wing above the drug store. There is a large and varied assortment of mortars and pestles. A set made of Ligna Vitae is unusual because it is made of wood that does not float. A set also made of wood was used in American colonial times by a pharmacist to pound and pulverize clove. Here is a set owned by Dr. Charles Caspari who was the proprietor of a drug store and who later became Dean of Pharmacy at the University of Maryland. Another curio is a mortar and pestle used by the Chinese to grind pearls which were used to relieve the ills of mankind. An early American Indian set still shows the stains of war paints mixed in its bowl. The American Indian was adept in mixing all sorts of herbs and roots in a mortar and pestle. Food grain was also mixed in these bowls. A clay set of mortar and pestle was dug up from an Aztec grave. In a corner of the museum lies a huge granite one in which Wild Cherry Bark was broken up and used so that the syrup would not become discolored.

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*Prepared by Herman M. Kling, Class of 1925, University of Maryland, School of Pharmacy, in Collaboration with Dr. Harry L. Schrader.

A special gold leaf mortar and pestle was used to initiate the young apprentice to the mysteries of the craft. A large chunk of hard rubber was given to him and he was told to rub it down. If he survived the ordeal and reported for work the following day then the owner figured that nothing can daunt such a man and he was fit to enter the world of medicine and pharmacy, and perhaps he could also own his store after working seven days a week from morning until night. Lest we think we are ultra modern there is a mortar and pestle with a cover of rawhide. The cover is used so that its contents would not disperse over the room. There are a few suppository molds in excellent condition which were used by Sharp and Dohme when they were at Howard and Pratt Streets in Baltimore. They are still functional.

An interesting item is a large iron dish in which warm petrolatum was used to absorb the red color of Alknet root. Oil of Citronella was added to this elegant preparation and it was used as a hair dressing. In addition to grooming the hair it also kept mosquitoes away. Another relic of the past is a mortar with a muller in which the contents were rubbed down in a groove. And the daddy of toothpaste world is here. It is a cake of arnica tooth paste soap year 1900. A beautiful collection of glass bottles from St. Stephen Pharmacy in Vienna adds color to the display. A strange item is a set of quassia wood cups. Hot water was added to these cups and left overnight. Lo and behold next morning there had been produced in these cups a bitter tonic. Also here is a metal powder divider which was used in making prescription powders.

An exotic article is an egg shaped pestle and mortar used by the ancient Egyptians in compounding their drugs. This item was excavated near the Pyramids. A set of metal weights for which there is no apparent standard is here.

A rare wooden and metal pill roller graces the collection and would bring a fond memory to a veteran pharmacist. This item would add prestige to any collection. And here is a cork press used to size cork before the days of plastic. Another object of interest is a Chinese string scale used to weigh medicine. It is certain there were no hawk-eyed weight inspectors around to check on their tolerances. Another piece of American pharmacy is seen in a

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saddle bag and scales used by the practicing country doctor who mixed his prescriptions as he rode along. A little leather purse contains a hypodermic syringe and some tablets that are still in remarkably good condition. A wooden Seidlitz powder container that looks like an egg cup on top and bottom measured the portions of the powder. This short cut to accurate weighing enraged the scientific ire of Dr. Caspari and he had it banned.

And a whole lot more: a fine porcelain pot is here which was used in making digitalis preparations. It looks like an excellent coffee percolator. Then there is a prescription bottle with the name of the owner whose signature is blown in the glass and made by a Baltimore glass firm. Amongst the many small trinkets is a small snuff box and ring given by Napoleon Bonaparte to a Schrader ancestor.

Dr. Harry L. Schrader, owner of this fantastic and fascinating collection is a graduate of the University of Maryland School of Pharmacy, Class of 1913. Among the many names in pharmacy in this class is one, Dr. B. Olive Cole, known to all Maryland pharmacists. Dr. Harry L. Schrader has always been an outstanding pharmacist. In 1938 he was the winner of the National Pharmacy cup for his magnificient window In 1940 and 1945 he won Maryland State cups.

Pharmacy Employment Service

The Maryland Pharmaceutical Association maintains a registry of pharmacists seeking employment and names of employers seeking pharmacists as a service to its members.

Both employers and pharmacists available for positions are urged to use the professional placement services of the Association office. Write or telephone SA 7-0746.

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Volume 21 APRIL, 1963 No. 5

T.A.M.P.A. NEWS

April Meeting

A most enjoyable luncheon meeting was arranged by Luncheon Chairman Don Spedden at Bernie Lee's Penn Hotel on Saturday, April 6, 1963.

The Program Committee under Chairman Don Steiner was responsible for another outstanding program. With the assistance of Board Adviser Herman Bloom the Program Committee arranged with Col. Carey Jarman, Superintendent of the Maryland State Police for a guest speaker. Sergeant Edwin R. Mettee presented a most informative talk and slides on safe driving and accident prevention. The program proved to be both educational and beneficial to all present.

The meeting was preceded by the usual Social Hour.

TAMPA 1963 Convention Committees

Contributions Committee—Joseph L. Muth, Chairman; W. Luther Skinner, Jr., John A. Crozier, Bernard Ulman, Sr., Martin Rochlin.

Program Committee—Herman Bloom, Morris B. Brager.

Publicity Committee—K. L. Whitehead, Chairman; F. H. Plate, A. G. Leatherman, John M. Albert.

Prizes & Awards Committee—John A. Crozier, Chairman; Louis M. Rockman, Alfred E. Callahan, Frank J. Slama.

Banquet Committee — George M. Brandt, John C. Cornmesser, B. Dorsey Boyle.

Attendance Committee—Laurance A. Rorapaugh, Chairman; Robert A. Williams, Alan L. Settler, Robert Tobias.

Registration Committee — Louis M. Rockman, Chairman; Bernard Ulman, Sr., John A. Crozier, Morris B. Brager.

Entertainment Committee—*James A. Allen, Chairman; John C. Cornmesser, Acting Chairman; Joseph J. Hugg, Joseph L. Muth, Bernard Ulman, Jr., Herman Bloom, H. Sheeler Read.

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Baltimore Metropolitan Pharmaceutical Association

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PRESIDENT'S MESSAGE

Baltimore Metropolitan Pharmaceutical Association

North Dakota is the first state in the country to enact a law that restricts the management of a pharmacy to pharmacists.

Many voices of pharmacy have called for a "Pharmacy Ownership Law" to drive the discount houses, the grocery store and the parakeet-selling chain out of our profession. However, do we need such a law? An editorial in the Brooklyn, New York *Pharmacist* said what we wanted to say, and probably said it better and more effectively than we could say it: "There is no discounter, no mail order outfit, no grocery store that can operate for even an hour *unless* it has a licensed pharmacist who is willing to sell his birthright for a mess of porridge. None of these outsiders could encroach into our profession without permission from a registered pharmacist who is willing to offer the prestige of his education, his diploma and his pharmacy license for a pittance."

If all registered pharmacists in the country refused to abet the discounters and the other outsiders by lending them their licenses, everyone of these outfits would have to close their doors **immediately.**

Knowing this to be a fact and knowing the harm that discount houses and other outfits of that ilk are doing to our profession, isn't it strange that pharmacists who have spent years preparing themselves for their chosen profession are willing to continue supporting such outfits. Even if these pharmacists were able to earn a few dollars more a week working in such places, their sense of professional pride should stop them from making discount house cubicles possible.

Think! What good is going to pharmacy school for five long years? What good is spending a sizable sum of money for an education? What good is waiting until you have served out your apprenticeship, taken your state board exams and earned a precious license to practice and then fritter it away by lending this hard earned license to some discounter who wants to use it to establish a prescription department as a traffic builder in his store?

Pharmacists have it in their power to make pharmacy either a trade or a profession.

Sincerely,
A. M. LIBOWITZ,
President

NEWS ITEMS . . . . . .

Spring Regional Meeting

The Spring Regional Meeting of the Maryland Pharmaceutical Association was held at the Washingtonian Country Club, Gaithersburg, Maryland, on April 18, 1963. The Executive Committee convened at 10:00 A.M. Dr. John F. Wannenwetsch resigned from the office of Treasurer of the Association after serving for twenty-five years. The Executive Committee approved the appointment of Morris Lindenbaum of Reisterstown to complete Dr. Wannenwetsch's unexpired term of office. Dr. Wannenwetsch was given a rising vote of thanks for his long and devoted service. President Morgenroth recommended his election as Treasurer Emeritus.

Dr. Alice B. Tobler, Chief of Medical Care and State Department of Health, and Dr. J. Wilfred Davis, Assistant Commissioner of Health, Baltimore City, were invited to attend a discussion of the Medical Care Program.

Following lunch, the business session was called to order. Amendments to the Constitution and By-Laws, recommended by the Executive Committee, were read. The Amendments provide: (1) one type of membership only for pharmacists —ACTIVE—with all rights and privileges; (2) student membership; and (3) empower the Executive Committee to establish dues for membership. The amendments will be mailed to the membership and voted upon at the Convention.

Norman J. Levin (right) and William L. Garrity

A panel discussion was held on "Pharmacy Ownership Law—Status and Prospects," with Alvin N. Geser, Executive Secretary, New Jersey Pharmaceutical Association, and Joseph S. Kaufman, Association Legal Counsel and former Deputy Attorney General. Jerome Mask, Chairman of the Legislative Committee, served as moderator. A question and answer period followed.

Mr. Geser expressed the view that in spite of a number of adverse court decisions, the Supreme Court today was more likely to reverse the past rulings and rules in favor of ownership of pharmacies by licensed pharmacists. There are now court decisions pending in several states. In New Jersey, legislation has been introduced to limit ownership of pharmacies to pharmacists. It would also require that a pharmacy be physically separated from all other operations and contain a professional service area of not less than 20% of the total area and prescription area of not less than 10% of the total floor space, which shall be not less than 150 square feet. Mr. Geser stressed that restricting ownership to pharmacists would require certain conditions to be met in the physical characteristics of pharmacies and in their operations.

Mr. Kaufman reviewed the various adverse legal decisions concerning laws on ownership of pharmacies by pharmacists. He believed such legislation would be upheld if pharmacies were devoted to professional services and goods.

Joseph S. Kaufman

The Ladies Auxiliary, under the President Mrs. Norman J. Levin, met in the afternoon. A most interesting "Wig Fashion Show" was arranged by Mrs. Harold M. Goldfeder and Mrs. Morris R. Yaffe.

After a social hour and dinner, the Past-President's Plaque was presented by E. R. Squibb and Sons to Norman J. Levin by William L. Garrity, Regional Manager.

President Morgenroth then called upon Aaron M. Libowitz, President of the Baltimore Metropolitan Pharmaceutical Association, to serve as toastmaster for the testimonial ceremonies for Chester G. Kosakowski, pharmacist member of the Maryland House of Delegates.

Congratulatory messages were delivered by President Morgenroth, Dean Noel E. Foss, F. S. Balassone, Secretary Gruz, President Robert L. Sinker of Prince Georges - Montgomery County Pharmaceutical Association, and Vice-President William A. Cooley on behalf of the Allegany-Garrett County Pharmaceutical Association.

President Morgenroth presented Mr. Kosakowski with an engraved desk set as a token of the occasion and in recognition by the Maryland Pharmaceutical Association of his outstanding services in behalf of pharmacy and public health.

Vice-President Morris R. Yaffe was commended for the excellent meeting arrangements at the Washingtonian Country Club. The Prince Georges-Montgomery County Pharmaceutical Association was responsible for a large delegation and helped make the meeting one of the best attended regional meetings.

Alvin N. Geser

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Noxzema Chemical Company Announces Changes in Management

The Noxzema Chemical Company, by its Board of Directors, announced several very important changes in their management. G. Lloyd Bunting who has been President since 1949 has been elected as Chairman of the Board replacing Raymond F. Sullivan of Sullivan, Stauffer, Colwell & Bayles, Inc., New York City, who will remain as a Board member. Norbert A. Witt, Executive Vice President, was elected to the Presidency. Mr. Bunting will continue to be the Chief Executive Officer. Mr. William D. Hunt was elected to the Company Board of Directors.

Mr. Bunting is the son of the founder of the business which was incorporated in 1917 and the Company has steadily progressed throughout the years under the direction of its founder, Dr. George

G. LLOYD BUNTING

G. Lloyd Bunting, President of the Noxzema Chemical Company since 1949, has been elected Chairman of the Board, replacing Raymond F. Sullivan of Sullivan, Stauffer, Colwell & Bayles, Inc., New York City, who will remain as a Board member. Mr. Bunting is the son of the founder of the Noxzema Chemical Company, Dr. George A. Bunting. Norbert A. Witt was elected President of the Noxzema Chemical Company. Mr. Bunting will continue to be the Chief Executive Officer.

NORBERT A. WITT

Norbert A. Witt was elected President of the Noxzema Chemical Company by the company's Board of Directors. Mr. Witt joined the Noxzema Company in 1955, serving first as Vice President in Charge of Sales and most recently as Executive Vice President. He was an executive for a number of years with two of the largest grocery and toiletry goods companies in America.

A. Bunting and latterly by G. Lloyd Bunting. Mr. Witt, who was an executive for a number of years with two of the largest grocery and toiletry goods companies in America, came with Noxzema in 1955 and has had an outstanding and successful record serving first as Vice President in Charge of Sales, and later as Executive Vice President. His administrative skills and marketing experience have played an important role in the recent successful operation of the business. Mr. Witt's area of responsibility includes marketing, financial, production and research.

The Company's Annual Report reflects a highly successful year in 1962 which was a remarkable performance considering that the increased sales and profits were obtained on top of a tremendous increase in 1961. Sales for the calendar year of 1962 increased 17% to a new high of $26,792,428. This represented an increase in sales volume of $3,899,304 over 1961 sales. The net earnings, after taxes, for the year were $1,983,374, an increase of $295,460 over the preceding year, an increase of 17.5% and was a new record in Noxzema's history.

The quarterly dividends during 1962 were raised from 15c to 20c and with a year-end extra dividend of 45c which brought the total payment to stockholders of $1.25 compared to $1.15 in 1961. There were increases in net working capital of $825,625 while total assets increased $1,283,672. Also, current assets of the company increased $638,590 while current liabilities decreased slightly. Shareholders will also be interested to know that the earnings retained for use in the business now amounts to $7,017,766, an increase of $1,465,041. The book value per share increased from $15.10 in 1961 to $18.68 in 1962. The earnings per share increased from $4.13 to $4.86.

The Company is making a concentrated effort in research and new product development and increased sales and earnings in the last two years are attributed to the successful introduction of several new products which have gained national prominence in the field of cosmetics. It can also be noted that the budget for advertising has been utilized efficiently primarily in the media of television and the selection of television shows that have achieved considerable popularity and excellent ratings. This was supplemented by radio, newspaper and magazine advertising.

Drug Store Changes During April

Closed

Sun Ray Drug Company, Drumcastle Pharmacy, Inc., Harry S. Sylk, Pres., 6317 York Road, Baltimore 12, Maryland.

Superex Drugs of Maryland, Inc., Superex Drugs, 3130 Branch Avenue, Suitland, Maryland.

Change of Ownership

Drug Fair of Maryland, Inc., Milton L. Elsberg, Pres.; (Changed corporation name from Bethesda Drug Company, Inc.) for five stores as follows:

6000 Greenbelt Road, Greenbelt, Md.

5416 Annapolis Road, Bladensburg, Md.

6891 George Palmer Highway, Seat Pleasant, Md.

138790 Georgia Avenue, Silver Spring, Md.

7100 Arlington Road, Bethesda, Md.

William J. Sullivan, Village Rexall Pharmacy, 16 North Jonathan Street, Hagerstown, Maryland (formerly owned by Mrs. Edith Y. Fribush, Fribush Rexall Pharmacy No. 2).

New

Noel E. Durm, Prop., Arnold Pharmacy, R.F.D. No. 2, Box 1 (Ritchie Highway and Arnold Road, Arnold, Maryland.

Fight Against Inside Theft

A prudent check of the prospective employe's job history is first—and most important—step in fight against inside theft, Dale President advises

One of the surest means of controlling employe theft can be taken at the very beginning—the employment office, one of the nation's leading industrial-security experts said.

Addison H. Verrill, president of Dale System, Inc., nationwide security organization, told the Probus Club here, "The concept of thorough screening of personnel prior to hiring has become accepted by more and more managements in recent years as one sure means of curbing employe thievery in any business." Mr. Verrill spoke at a meeting in the Merritt Parkway Motor Hotel.

"It sounds almost too basic to believe," he said, "and yet management everywhere, caught in one squeeze or another, often take shortcuts in filling their staffs, shortcuts that too many times end with the staff filling their pockets."

The importance of these pre-employment checks cannot be over-emphasized, the Dale executive said.

"Character and reference screening on each prospective worker is the first step to find those whose prior job histories indicate basic dishonesty," he said. "When possible, records of past employments for an unbroken period of 10 or 15 years should be reviewed. Unaccounted-for gaps could hide the very thing for which you are looking."

Pfitzer Labs Makes Drug Stores Sole Outlet For Limmits

Limmits diet biscuits, introduced in a six-state market area last year in both drug and food stores, will be sold by Pfizer Laboratories through drug stores exclusively, according to an announcement made by Chas. Pfizer & Co., Inc.

In discussing the decision to make Limmits an over-the-counter product in drug stores only, M. C. Hough, general manager of Pfizer Laboratories, said, "Our introductory marketing, conducted largely in six East central states, showed that people are recognizing more and more that being overweight is a medical problem. They are turning to their physicians for help, and we have discovered that the professional atmosphere of the drug store builds Limmits sales most effectively."

Trends In Pharmacy Operations

A Preliminary Lilly Digest Report for 1962

Both favorable and unfavorable trends have been revealed in a preliminary *Lilly Digest* tabulation of 1,064 pharmacies.

On the favorable side, sales continued to grow and reached a record $144,727 for 1962. The gain was $5,551, or 4 percent. Prescription revenue rose $1,575 (3.2 percent); all other sales increased $3,976 (4.4 percent).

There was also a growth in the number of prescription orders dispensed. Although the number of new prescriptions filled remained virtually the same, prescription renewals increased 2.4 percent and now account for 51.7 percent of all prescriptions filled. The average prescription charge rose from $3.25 to $3.31.

The year 1962 was not without its problems. Store expenses again rose and now average 31.1 percent of sales. The gross margin remained at 36 percent; therefore, net profit (before taxes) dropped to 4.9 percent. The proprietor's total income (salary plus net profit, before taxes) also declined from 13.5 to 13.1 percent. However, the record sales volume contributed to a rise in the owner's dollar income.

The preliminary figures for 1962 indicate that the inventory rose nearly $1,500—to $25,850. Since its rate of growth was faster than that for sales, total inventory increased from 17.5 to 17.9 percent of total sales. The growth in inventory was also responsible for the decline in the annual turnover rate from 3.7 to 3.6 times.

Good control was maintained over the prescription department investment; it declined slightly. With a rise in revenue, prescription inventory dropped from 17.1 to 16.6 percent of prescription sales. Nonprescription inventory accounted for the entire inventory increase and now averages 18.6 percent of nonprescription sales.

Summary

The highlights of the preliminary *Lilly Digest* tabulation of the 1962 operating figures of 1,064 pharmacies appear on this page along with those for 2,581 stores in 1961. The *Lilly Digest* for 1962, representing a tabulation of data from all reporting pharmacies, will be released for general distribution on or about September 2, 1963.

AVERAGES PER PHARMACY	1962 (1,064 Stores)	1961 (2,581 Stores)	Change and Percent of Change
Sales			
Prescription	$ 50,719— 35.0%	$ 49,144— 35.3%	+ $1,575—3.2%
Other	94,008— 65.0%	90,032— 64.7%	+ $3,976—4.4%
Total	$144,727—100.0%	$139,176—100.0%	+ $5,551—4.0%
Cost of goods sold	92,575— 64.0%	89,129— 64.0%	+ $3,446—3.9%
Gross margin	$ 52,152— 36.0%	$ 50,047— 36.0%	+ $2,105—4.2%
Expenses			
Proprietor's salary	$11,869— 8.2%	$ 11,595— 8.3%	+ $ 274—2.4%
Employees' wages	16,657— 11.5%	15,838— 11.4%	+ $ 819—5.2%
Rent	3,503— 2.4%	3,324— 2.4%	+ $ 179—5.4%
Miscellaneous operating costs	13,080— 9.0%	12,128— 8.7%	+ $ 952—7.8%
Total expenses	$ 45,109— 31.1%	$ 42,885— 30.8%	+ $2,224—5.2%
Net profit (before taxes)	$ 7,043— 4.9%	$ 7,162— 5.2%	— $ 119—1.7%
Total income (net profit plus proprietor's salary, before taxes)	$ 18,912— 13.1%	$ 18,757— 13.5%	+ $ 155—0.8%
Value of merchandise inventory at cost and as a percent of sales			
Prescription	$ 8,394— 16.6%	$ 8,400.. 17.1%	— $ 6—0.1%
Other	17,456— 18.6%	15,954— 17.7%	+ $1,502—9.4%
Total	$ 25,850— 17.9%	$ 24,354— 17.5%	+ $1,496—6.1%
Annual rate of turnover of merchandise inventory	3.6 times	3.7 times	— 0.1—2.8%
Number of prescriptions filled			
New	7,399— 48.3%	7,402— 48.9%	— 3—0.0%
Renewals	7,919— 51.7%	7,733— 51.1%	+ 186—2.4%
Total	15,318—100.0%	15,135—100.0%	+ 183—1.2%
Prescription price	$3.31	$3.25	+ $ 0.06—1.8%

Generic Products As Equivalents

Considerable space and editorial effort has, of late, been devoted in the medical and public press to impressing on physicians and other citizens the realization that a calculated risk is involved in the ingestion of any drug. This is as it should be because every physician and, in his turn, every patient should keep in mind the possible harmful effects of haphazardly exposing the body's complex and delicate homeostatic systems to new chemical substances, especially to synthetics which have no counterpart in nature. It is self-evident, when the paucity of our knowledge of the body enzyme systems and other delicate regulators is recognized, that much of therapeusis, and drug therapy in particular, is an attempted manipulation of unknown mechanisms and forces. It would hardly be too much to say that in many circumstances, hoping for the best, we add substances of which we know little more than the chemical configuration to bodies whose marvellous complexities we are just beginning to understand.

Doctors counselling their patients and science writers instructing the public at large could properly take every opportunity to iterate that the individual consumer has a large, if not a predominant part, in reducing the hazards inherent in drug therapy to a minimum. Without condoning avoidable or unnecessary additions to the cost of drugs the doctor can warn the patient of the grave risks inherent in accommodating medical therapy to the patient's plea, "Isn't there something cheaper, Doc.?" It is estimated that 12 cents on the dollar can be saved by buying drugs under their generic names; this amounts to 38 cents on the average prescription price in Canada, $3.14. However, this may turn out to be a most expensive economy if, as a result of substitution, the patient receives a drug that is impure, inadequately absorbed or, for some other reason, ineffective. The patient can contribute in a positive way to his own care if he will refrain from applying pressure on his physician to "try" a new and unknown drug or to employ a cheaper, and also largely unknown, substitute for a "brand-name" product of established efficacy.

There is no reason to believe that the average physician has not been cautious and prudent in his use of these agents or that he will not exercise even greater caution in the prescribing of therapeutic substances in the future. Similarly, members of the ethical drug industry have shown a commendable willingness to take the lead in warning physicians concerning known or presumed hazards associated with the use of their products. In a recent communication (Commentary 2, Smith Kline & French, Montreal), for example, the general manager of one of the major Canadian pharmaceutical houses observed, "The responsible manufacturer must fully report the disadvantages of his products as well as their advantages, the side-effects and contraindications. While he promotes, he must also caution."

This attitude on the part of the ethical manufacturer is, in part, enlightened self-interest; nevertheless, when linked with the exercise of judgment of a knowledgeable and attentive physician it affords valuable protection to the consumer against unnecessary hazards from the use of prescription drugs. It is probably not too much to say that, despite the valuable contributions of the Food and Drug Directorate of the Department of National Health and Welfare, the best guarantee of quality in drug products is still the manufacturer's reputation as represented by his name or his trademark.

In a letter to the Journal Dr. A. K. Carter describes a potentially serious accident which overtook one of his patients. This patient requested the substitution of a cheaper, generic-named "equivalent" drug for the brand-name tolbutamide which had been the effective cornerstone of therapy of his diabetes. It may be a matter of surprise to some that certain physical characteristics, such as the degree of compression applied when manufacturing a tablet (hence, its solubility), are fully as important in achieving the desired therapeutic effect as is the purity or potency of the specific agent.

Levy and Nelson, in a valuable survey entitled "Pharmaceutical Formulation and Therapeutic Efficacy" (*J. A. M. A.*, 177: 689, 1961), concluded that "in some cases, choice of dosage form and manufacturer's brand may be as important as choice of the actual therepeutic agent." In other words, the physician can only have confidence in a drug product when the manufacturer guarantees not only the purity and potency but all of the other pertinent characteristics such as physical form, solubility and absorbability.

The physician can only safely share responsibility in patient care with the drug manufacturer who is known to him and who, in event of failure or complications during drug therapy, will stand behind the product. The manufacturer of the generic-named drug (or more commonly in Canada, the importer) cannot guarantee these important qualities in his products. In most instances the lower price is possible because the time-consuming and expensive measures of quality control are omitted altogether. Similarly, the Food and Drug Directorate do not have the staff and facilities to do more than assure themselves that in certain batches of a drug acquired by them in the open market, a given concentration of a stated agent is present. This spot-checking, at best, can cover only a small proportion of the total number of batches of the various drugs marketed in Canada every year.

While it may well be the case that many generic-named preparations, even the majority, may be potent and therapeutically effective, in the present state of affairs there is much to suggest that the physician may be wiser to give his confidence to those who package their reputations with their products than to those who, remaining nameless, purvey a nameless "generic" drug.

—*Canadian Medical Journal*
January 12, 1963

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Five-Year Report Confirms Orinase Safety In Diabetes Treatment

Five years after the first oral anti-diabetic drug, Orinase (tolbutamide), was introduced for general use in this country, its safety and efficacy have been conclusively proven.

This was the consensus of a group of international authorities on diabetes who participated in a closed symposium evaluating the results of therapy and research with the oral drugs. Their studies have just been published in a special supplement to the journal Diabetes.

Of greatest significance was one study at the Joslin Clinic, Boston, where long-term follow-up of 2,500 patients showed that 66 per cent of the patients achieved good to satisfactory control with Orinase, and that the true rate of secondary failures with the drug was 3.7 per cent.

The Joslin Clinic study was reported by Drs. R. A. Camerini-Davalos, Lozano-Castaneda, and Alexander Marble. Their findings on secondary failure agreed almost exactly with that of a German physician, Dr. Helmut Mehnert.

Officials of The Upjohn Company, which arranged the private meeting of diabetes specialists and researchers, estimate that 750,000 diabetics in the U.S. alone now take Orinase routinely. Since the drug's introduction in 1956, it is estimated that 2,500,000 patient years of treatment have been covered.

While Orinase cannot replace insulin in all diabetics, according to Dr. Camerini-Davalos and his colleagues, certain facts about tolbutamide have become well established in the past half-decade. These are:

Satisfactory chemical control can be expected in 60 to 70 per cent of patients with maturity onset diabetes and insulin requirements of less than 40 units daily. "Specifically, the data here presented indicate that 43 per cent achieved good and 23 per cent fair control," they say.

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In order to evaluate the degree of control, physicians must establish strict standards and follow patients closely with urine and blood sugar tests. "Clinical impressions and reliance on urine tests alone are often misleading."

Analysis of secondary failures holds many pitfalls. Unless patients are carefully selected, tolbutamide dosage is adequate and restricted diet carefully adhered to by the patient, success with oral therapy cannot be expected.

While no claim can be made of absolute accuracy in analyzing the causes of secondary failure, the investigators say that, "Nevertheless, the incidence of true secondary drug unresponsiveness appears to be much less than is often stated."

Truly toxic effects were rare; side effects of less severity were uncommon and even they appear to be declining over the rate observed in the early days of clinical trials with tolbutamide. Jaundice occurred in only one patient, who had pre-existent severe hepatic cirrhosis; a detailed analysis of liver function tests in 463 patients showed that the only consistent abnormality was a significant, though not progressive, rise in serum alkaline phosphates levels.

Dr. Mehnert, who also pointed out that rigid criteria for evaluation and adequate tolbutamide treatment for at least four weeks are necessary, observed a secondary failure rate of 3.8 per cent in 228 patients who fulfilled these requirements. His study included a total of 550 patients at the Diabetes Outpatients Department, Medizinische Universitats-Poliklinik, Munich, Germany.

He also found that in 355 comparable patients not treated with oral hypoglycemic compounds there was a secondary failure rate of 17.7 per cent of those treated over the years with insulin and 19.5 per cent of patients treated with dietary restriction alone.

A comparative study of 200 patients treated with tolbutamide and 67 with phenformin by Drs. Leo P. Krall and Robert F. Bradley, of the Joslin Clinic and New England Deaconess Hospital, Boston, showed a secondary failure rate of 6.5 per cent for tolbutamide and 3.0 per cent for phenformin. It was not necesary to discontinue any patients on tolbutamide because of side effects, but cessation of phenformin administration because of such reactions raised its secondary failure rate to 16.4 per cent.

Tolbutamide's safety was further confirmed in a study of 100 ketosis-resistance diabetic patients, all of whom had received the drug for over three years. A battery of laboratory screening tests performed by Drs. Leonard L. Madison and Norman Kaplan, University of Texas, Southwestern Medical School, revealed that no hematological or renal disturbance due to tolbutamide could be observed.

One instance of jaundice was determined, at operation, to have been due to sclerosing pancreatitis.

Summing up the reports, Dr. Alexander Marble, one of the conference chairmen, made these points:

- The safety of Orinase continues to be demonstrated. There is no evidence that it injures the Islets of Langerhans, the source of natural insulin in the pancreas, even after prolonged use.
- Orinase in pregancy and pre-diabetic and early diabetic states deserves further study.
- The sulfonylureas, including Orinase, stimulate secretion of insulin, perhaps as much as 20 units a day.
- After sulfonylurea is given, the release of sugar by the liver is reduced. Injections of insulin have a similar effect.

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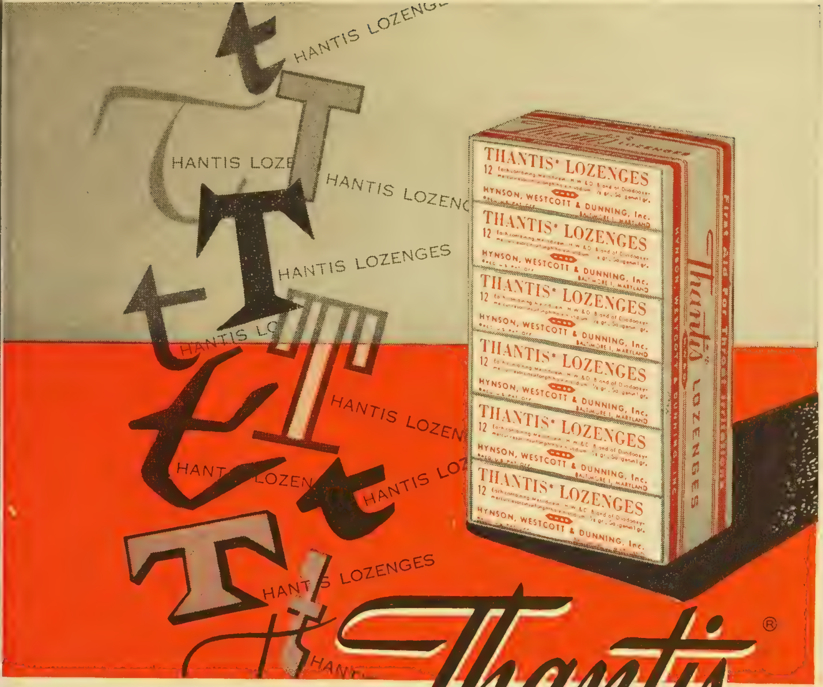
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The Maryland Pharmacist

— NATHAN I. GRUZ, Editor —

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The Maryland Pharmacist is published monthly by the Maryland Pharmaceutical Association, 650 W. Lombard Street, Baltimore 1, Md. Subscription price $5.00 a year. Entered as second class matter December 10, 1925, at the Postoffice at Baltimore, Maryland, under the Act of March 3, 1879.

Editorial . . . . . .

The Maturity Of A Profession

In judging a particular profession as to the degree of maturity it has achieved, a number of factors are involved in the make-up of the yardstick.

One of the outstanding of these factors is the support given and the participation by members of the profession in its professional association. At this time of the Association year, the Annual Convention dominates the activities.

The Annual Meeting at the Convention affords all members an opportunity to combine: (1) an overview of the year's activities and reports of plans for the future; (2) greater knowledge through the speakers' addresses and discussions; (3) participation in the business sessions of the Association and (4) entertainment, recreation and fellowship.

The reports of officers, committees and official agencies are essential to those who wish to keep current on developments in pharmacy in Maryland.

Two outstanding panels have been arranged with leaders in American pharmacy as participants. The first panel on Tuesday features well known personalities in pharmacy: well-informed Dan Rennick, Editor of the American Druggist; Harry Knox, knowledgeable President of Medical Data Services, Inc.; Henry R. Steinhaus, leading community pharmacist of Kansas City, Missouri and dynamic Dean Roy A. Bowers of Rutgers University College of Pharmacy. The experienced moderator is Edward F. Keating, Manager, Trade Relations, Merck Sharp & Dohme.

The panel on Wednesday is concerned with one of the crucial issues in pharmacy today: "Patterns of Prescription Drug Distribution". The panelists represent various viewpoints of the problem: Harry A. Kimbriel, Executive Vice President, National Wholesale Druggists Association; Gerald M. Slade, Director of Trade Relations, Warner-Chilcott Laboratories; Joe R. Watkins, Manager, Customer Relations, E. R. Squibb & Sons.

The M.P.A. Convention is informative, stimulating and necessary to an informed leadership and membership in the profession of pharmacy.

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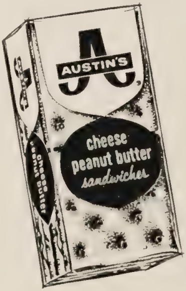

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DEAL INFORMATION

CODE NO.	CONTENTS	TOTAL RETAIL AT F.T.M.	LIST PRICE*	PROFIT PERCENTAGE**
856A	3 doz. Campho-Phenique liquid 1 oz. 1 doz. Campho-Phenique liquid 2 oz. ½ doz. Campho-Phenique liquid 1 oz. FREE	**$23.46**	**$15.63**	UP TO **43.6%**

*Subject to 5% suggested wholesaler's discount: additional discounts in accordance with Glenbrook's suggested wholesaler's schedule.

**Includes maximum wholesaler discounts and 6% allowance from Glenbrook.

ORDER "6 FREE" DEAL TODAY through your wholesaler or your Glenbrook Representative

GLENBROOK LABORATORIES Division of Sterling Drug Inc., 1450 Broadway, New York 18, N. Y.

President's Message . . . . . .

Dear Fellow Members:

It was my honor and pleasure to serve as your delegate at the A.Ph.A. Convention in Miami Beach, together with your secretary and Mr. Libowitz, President of Baltimore Metropolitan Pharmaceutical Association. We attended all of the House of Delegates meetings and general sessions, as well as all the other various sectional meetings. If we can implement the resolves and decisions of this Convention, so well attended from the 50 states, we may well be on our way to a true profession.

It is also imperative for a sizeable attendance at our own Convention to ferret out and solve our own problems. As I have stated many times in the past, this is YOUR association and it is incumbent upon you to assist and serve it in all capacities and attendance at the state convention is top service to your association.

We are in consultation with the Board of Health concerning welfare prescriptions and a letter has gone out to you requesting certain information. Your association and its officers, especially Bill Cooley who has done yoeman service, have now reached the stage of put up or shut up. The information we are requesting from you will be the basis for our complete arguments concerning prescription prices. So without this information from the membership, we are powerless to proceed. So, as I stated and repeat now, we are faced with the situation of put up or shut up.

Sincerely,

VICTOR H. MORGENROTH, JR.

President

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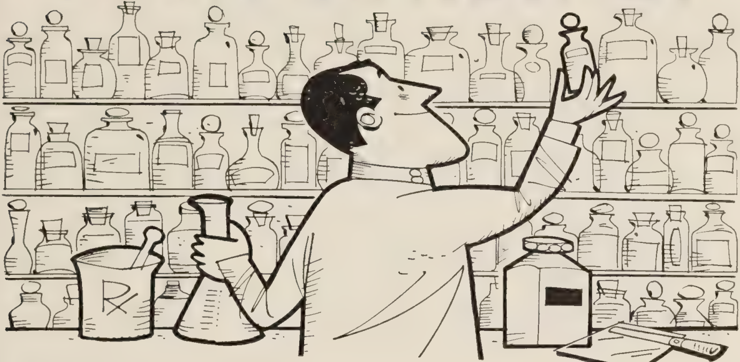

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Secretary's Script . . .

A Message from the Executive Secretary

The Association Committees are in a continuing process of studying and evolving recommendations for problems that concern the profession of pharmacy and also means of making the Association as effective as possible.

The Legislative Committee, under Chairman Jerome Mask, is already gathering facts for the next long session of the Legislature in 1965.

An important concern is the manner in which pharmaceutical services are made available to patients of nursing homes and small hospitals. There are many reports that inmates of these institutions are not receiving pharmaceutical services of the proper professional standards, nor are they enjoying the safeguards to health and safety that the general public receives through community pharmacies. Certainly every patient is entitled to the care in the dispensing and storage of drugs that pharmacists alone are able to render. The Pharmacy Committee of the M.P.A., under Chairman H. Wilfred Gluckstern, is investigating this problem.

The Membership and Constitution and By-Laws Committees, under Morris R. Yaffe and Frank Block, are studying the feasibility and mechanics for affiliation of local pharmaceutical associations with the Maryland Pharmaceutical Association. This has been accomplished in a number of states with resulting increase of membership and strength to both the local groups and the state association.

Public Relations Chairman Charles E. Spigelmire is assembling material to demonstrate how each pharmacy can be a "Health Information Center."

Chairman Aaron M. Libowitz is already preparing for the Second Simon Solomon Pharmacy Economics Seminar in the fall.

Irving I. Cohen, School of Pharmacy Committee Chairman, has completed plans for the Swain Model Pharmacy at the University of Maryland School of Pharmacy.

There are many other dedicated chairmen and devoted committee members. This is only a brief indication of the work of the Association's "life lines" —the Association committees.

The membership owes a great deal to the work of its hard-working committee chairmen.

I wish to add my personal acknowledgment of their efforts and to express my appreciation for their cooperation.

I look forward to seeing all of you at the Convention and greeting you personally.

Nathan I. Gruz
Executive Secretary

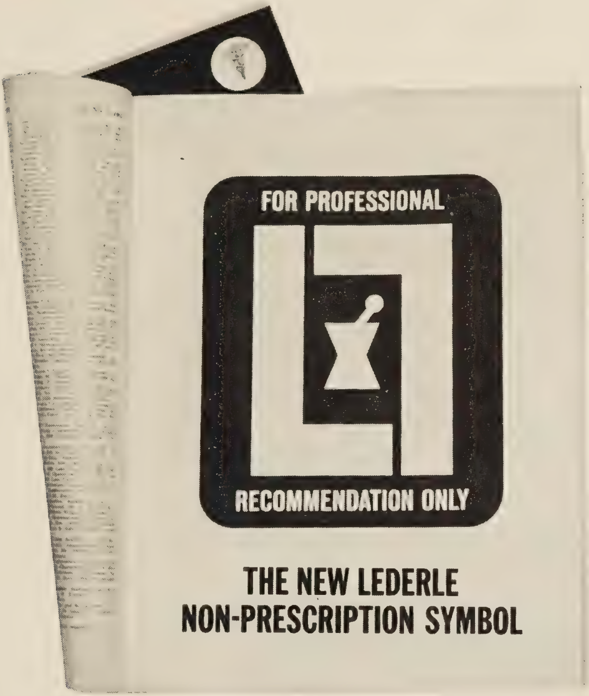
CHANGE OF ADDRESS

When you move—

Please inform this office.
"The Maryland Pharmacist" is not forwarded by the Post Office when you move.

To insure delivery of The Maryland Pharmacist and all mail, kindly notify the office when you plan to move and state the effective date.
Thank you for your cooperation.

Nathan I. Gruz, Editor
Maryland Pharmacist
650 West Lombard Street
Baltimore 1, Maryland



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A Message From The General Chairman Of The Convention

WILLIAM A. COOLEY

The 81st Annual Convention of the Maryland Pharmaceutical Association will be held this year at the luxurious Colony Resort Motel, Boardwalk at Indiana Avenue, Atlantic City, New Jersey, June 24, 25, 26 and 27th. The management has gone all out to assure the finest accommodations for all. All rooms are air-conditioned, spacious and furnished for your every comfort and convenience.

Stimulating programs have been arranged for your information and guidance on pharmaceutical problems. We all certainly must be prepared to face the issues in community pharmaceutical practice, pharmacy education, propaganda undermining the profession and threats from unscrupulous elements. We also must be aware of all sides of the problem of prescription drug distribution —through the wholesaler or direct from the manufacturer.

I am happy to report that T.A.M.P.A., under Sheeler Read and John Cornmesser, have been hard at work to assure entertainment and fun for all who attend. They have assumed responsibility for both Monday and Tuesday evening's entertainment. I am sure they will meet the high standards of previous years and produce memorable entertainment for all of you.

T.A.M.P.A., of course, is an important cog in our Association wheel. They will have their Annual Meeting and assist with prizes and registration. Many thanks to President Sheeler Read and Entertainment Chairman John Cornmesser.

The Ladies will also meet for their Annual Meeting and special programs under President Ruth Levin.

My appreciation goes out to the many wonderful people whose cooperation and support I have had. My thanks to all the members of TAMPA, LAMPA and especially to our energetic President Vic Morgenroth and to our Secretary Nate Gruz, who labors in our behalf.

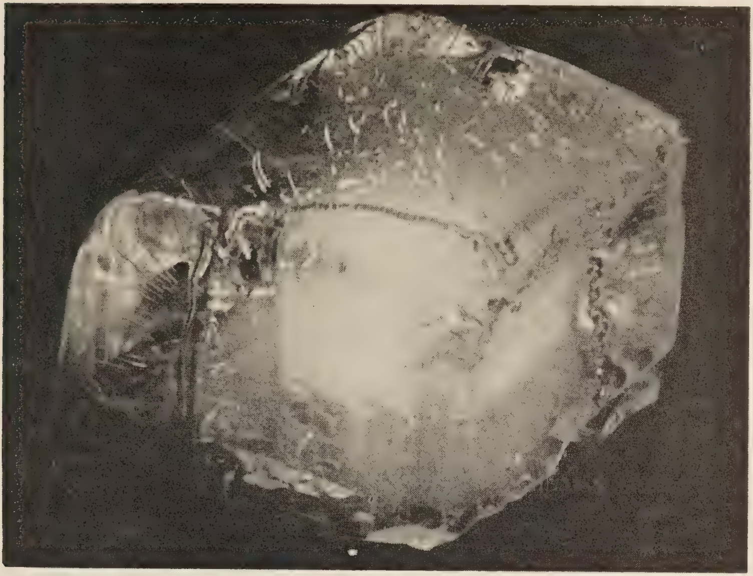
I look forward to joining with you at the Convention.

William A. Cooley
General Chairman

LAMPA President's Message

It is with mingled feelings that I write this message as President L.A.M.P.A. I feel honored to serve as president, but regret I had to take over this office from President Helen Kaminski under such tragic circumstances. L.A.M.P.A. and all who knew Helen have felt her loss deeply.

This year L.A.M.P.A. is observing its Tenth Anniversary at its annual meeting at the Maryland Pharmaceutical Association Convention in Atlantic City, June 24-27. On Tuesday, June 25th, we will have a Fashion Show and Luncheon at the Pool Deck. The *piece-de-resistance* will be at our annual meeting when we will be privileged to present Dr. Cylvia A. Sorkin. She is a nationally known business consultant and lecturer who will speak on "Are You Normal?" We invite everyone to join us at this outstanding event.



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MRS. NORMAN J. LEVIN

I wish to thank my officers and committee chairmen for the cooperation given me during my term as vice-president, and as president since March. My appreciation also to the officers and members of the Maryland Pharmaceutical Association and TAMPA for their support. My special thanks for the assistance given us by Secretary Nathan Gruz in doing everything possible to assure a successful program.

LAMPA plans to provide outstanding events for your relaxation and pleasure. We look forward to seeing all of you in Atlantic City.

Sincerely,
MRS. NORMAN J. LEVIN
President

DR. CYLVIA A. SORKIN

The L.A.M.P.A.—Ladies Auxiliary—is celebrating its 10th Anniversary by presenting an outstanding national personality at its Annual Brunch at the Convention. Dr. Cylvia A. Sorkin is a business consultant, economist, author, lecturer and television personality. Her topic is "Are You Normal?"

Dr. Cylvia A. Sorkin is a Ph.D. in Economics who traded a teaching career for the job of placing an efficiency stethoscope on the heart-beat of American business. She is a former university professor and Chairman of the Graduate School Division on Counseling and Personnel from Washington University.

She is in constant demand with firms throughout the United States, Europe and Hawaii as a consultant on matters of human relations involving applied psychological problems; employer-employee relations; time and money-saving business methods and sound management techniques.

Dr. Sorkin formerly served on Secretary of Defense Charles E. Wilson's Defense Advisory Committee on Women in the Services. She was awarded the CERTIFICATE OF APPRECIATION from the United States Army.

Listed in WHO'S WHO IN AMERICA, Dr. Sorkin recently had another honor, that of being named WOMAN OF ACHIEVEMENT IN BUSINESS by the St. Louis Globe-Democrat.

DR. CYLVIA A. SORKIN

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. . . and kissed money order worries good-bye!

Were you one of the hundreds of pharmacists in the Maryland area that started writing money orders the North American way last year? You have good reason to be proud of yourself! You selected the most dynamic outfit in the field—the one who offered the most for you. You've received a high rate of commission all year long; you've gotten real behind-the-scenes help with a smooth-working organization that keeps mistakes at a minimum; you've gotten the sort of point-of-sale advertising sendoff you need to let your customers know you sell money orders. And you've even received terrific help in new, efficient machinery that cuts checkwriting time to an absolute minimum. If you were one of the few who didn't make the switch to North American—don't let this year see you mired in check-writing problems. Join the North American team today!

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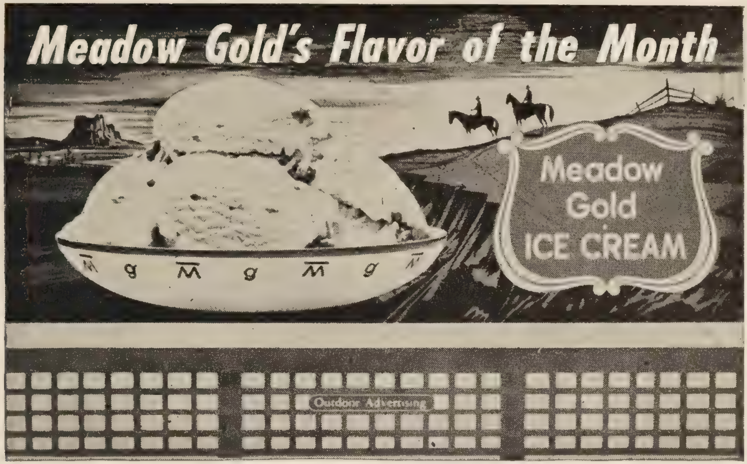
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Tie-in with this great promotion! Feature the MEADOW GOLD "Flavor of The Month" and CASH-IN with bigger sales!

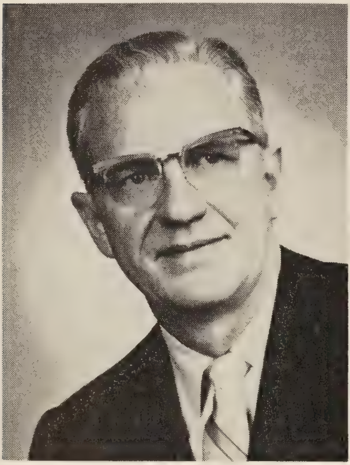
Convention Speakers

The 81st Annual Convention program includes a number of outstanding speakers concerned with some of the vital issues confronting Pharmacy today.

Tuesday, June 25th

On Tuesday, June 25th, Edward F. Keating, Manager of Trade Relations for Merck, Sharp & Dohme, will be the moderator of a panel on "Pharmacy—Facts Facets and Future". Mr. Keating, a 1930 graduate of the Illinois College of Pharmacy, was employed in the pharmaceutical industry until 1948 when he purchased his own pharmacy in Chicago. He served on the Mayor's Committee for Civil Defense and was chairman of the Industrial Relations Committee of the American College of Apothecaries. He was elected president of the A.C.A. in 1959 and is a member of the American Pharmaceutical Association and has been active in the Illinois Pharmaceutical Association.

Mr. Keating is responsible for Trade Relations in all categories of pharmaceutical distribution for Merck, Sharp & Dohme; retail, wholesale, chain and hospital. His firm is assisting in arranging this panel.



EDWARD F. KEATING

HARRY J. KNOX

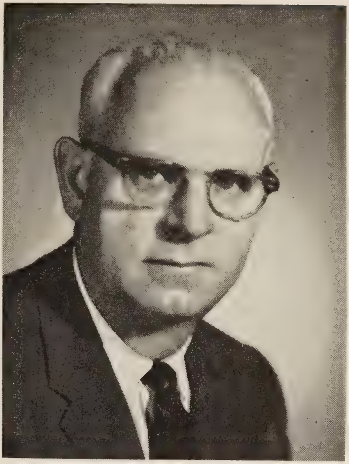
Harry J. Knox, who will speak on "Pharmacy and Discounters", is president of his own firm, Medical Data Services, Inc., of Darien, Connecticut.

He attended the University of Chicago and worked in public accounting and insurance actuarial work. In 1935 he joined the A.C. Nielson Co. and was made a Vice President in 1943. In 1948 he helped inaugurate the Nielson Pharmaceutical Index. He resigned in 1950 to head up his own company, Medical Data Services.

This company specializes in gathering marketing information for the pharmaceutical industry. Currently Medical Data Services, Inc. provides the industry with four services; one of these services is a monthly survey of prescription activity throughout the country. This survey is based on data from 250 carefully selected pharmacies. In addition to the monthly prescription projections for all forms and potencies of all products which have attained a total U.S. volume of over 5000 prescriptions a month, data are presented on average prescription sizes, refill rates, manufacturer's revenue per prescription, consumer prescription prices, dosage directions, average therapy days per prescription, plus various other types of information which can be drawn from the basic data.

Medical Data Services, Inc. also provides a monthly measurement of medical journal advertising and direct mail advertising on pharmaceutical products. These services permit the subscriber to know how much circulation and how much advertising money is being used

HARRY J| KNOX



ROY A. BOWERS

to support competitive products. The fourth service is a comprehensive measurement of the activity of pharmaceutical detailmen.

The company publishes over 3000 pages of data each month. His clients include almost all of the large and medium-size plus many small pharmaceutical manufacturers.

DR. ROY A. BOWERS

Dr. Roy A. Bowers, Dean of Rutgers, the State University College of Pharmacy in New Jersey, will speak on "Pharmacy Education—Is it Meeting the Challenge of the 60's?"

Dean Bowers received his B.S. and Ph. D. degrees from the University of Wisconsin and is a licensed pharmacist in New Jersey and Wisconsin. He was on the faculty of University of Wisconsin, University of Toledo, University of Kansas and was Dean and Professor of Pharmacy at the University of New Mexico from 1945 to 1951. Since that time he has been Dean and Professor of Pharmacy at Rutgers.

He is a Life Member of the American Pharmaceutical Association, served as 1st Vice President, and a Member of the Council since 1957.

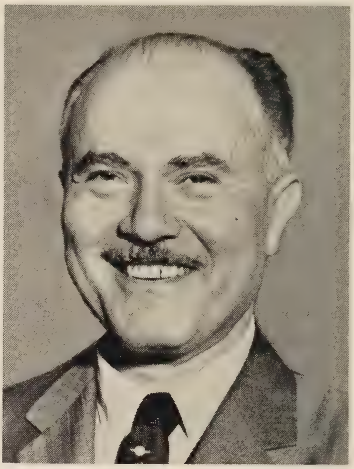
Dean Bowers is President-Elect of the American Association of Colleges of Pharmacy and is a member of many professional societies. He is also active in community affairs as a Trustee and Member of the Executive Committee of the Hospital and Health Council of Newark and President of the Cedar Grove (N.J.) Free Public Library Board of Trustees.

HENRY R. STEINHAUS

A leading community pharmacist of Kansas City, Missouri, Henry R. Steinhaus will speak on "Facts and Fantasies of Retail Pharmacy". He will be concerned with concepts of retail pharmacy today and twenty years ago, how to utilize today's concepts to grow and prosper, how to separate fact and fantasy, where the future seems to lead and how to prepare to cope with changes appearing on the horizon.

Mr. Steinhaus attended City College of New York, Columbia University, University of Missouri and rceived his B.S. in Pharmacy from the University of

HENRY R. STEINHAUS



DAN RENNICK

Kansas City in 1953. He taught at the American University in Germany and is serving as a lecturer at the University of Kansas City. He was Chief Chemist at the Kentucky Ordnance Works from 1941 to 1944. At present he is the owner of six prescription pharmacies.

He serves as First Vice President of the Kansas City Chapter of the A.Ph.A. and is a member of the Board of Trustees of the University of Kansas City School of Pharmacy's Pharmacy Foundation. He is a fellow of the American College of Apothecaries and Member of Masons, Shriners and Optimist Club.

DAN RENNICK

Dan Rennick, long-time editor of American Druggist, has concentrated on the drug publishing field since 1927. His editorial apprenticeship consisted of a year on a New York newspaper followed by four years as managing editor and editor of magazines in the men's apparel and department store fields. He will speak on "The Big Lies", refuting the many false accusations hurled against Pharmacy.

Noted as an analyst of drug field retailing in its many aspects, Dan Rennick has conducted or supervised a multitude of basic studies, including surveys of prescription trends, prescription prices, drug stores in shopping centers, drive-in drug stores, the effects of discounting on the drug field, and drug store sales by departments and by the square foot.

Among the many concepts he devised or engineered for the drug field—many of which contributed literally millions upon millions of dollars to the nation's pharmacists—are the following: he devised the very first vitamin departments ever seen in the United States; he established the need for special animal health departments in rural drug stores —and worked out the techniques for the successful operation of such departments.

DUDLEY J. TAW

On Wednesday, June 26, Mr. Dudley J. Taw, Vice President of Revlon, will speak on "The Secret Key for Prescription Business."

Dudley J. Taw, Vice President—Trade Relations of Revlon, Inc., joined the Revlon Organization in September, 1960 as Vice President of the Drug Sales Division.

Previously, he had been vice president at McKesson & Robbins, where he had been associated with the wholesale drug business for 23 years.

In his present position at Revlon, Mr. Taw directs and administers programs designed to maintain and improve the company's relationship with its customers. He also directs the company's program for the advancement of pharmacy, working closely with the Schools and Colleges of Pharmacy.

He is a member of the New York Sales Executive Club and the National Sales Executive Club. As chairman of the Sales Management Committee for the National Wholesale Druggists Association, he developed a book named, "Sales Meetings That Pay Off." He has addressed many groups in the packaging, sales and merchandising field.

At McKesson, Mr. Taw held positions as assistant sales manager of the Cleveland Drug Division, sales manager of the Boston Drug Division and District Sales Manager of the Eastern Drug District. In 1953 he was named Sales Promotion Manager of McKesson Manufactured Products and in 1956 he became vice president.

Wednesday, June 26th

Panel on "Patterns of Prescription Drug Distribution"

Moderator—Norman J. Levin, Immediate Past President, Maryland Pharmaceutical Association

GERALD M. SLADE

Gerald M. Slade has been Director of Trade Relations for Warner-Chilcott Laboratories since 1957. He is a 1930 graduate of the University of Buffalo College of Pharmacy.

He was employed in a prescription pharmacy prior to operating his own community pharmacy in upstate New York from 1932 to 1942. He served in the U.S. Navy from 1942 to 1946, when he joined Harrow Laboratories as a medical representative. He progressed with Harrow to Division Manager, Regional Manager and then Sales Manager.

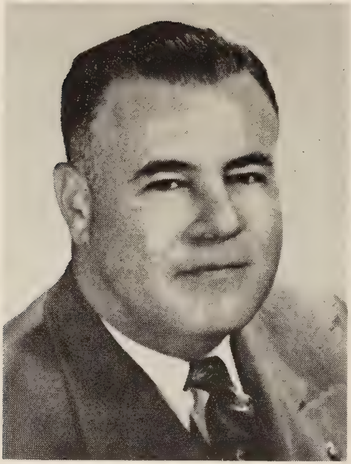
GERALD M. SLADE

In 1955 he became associated with Warner-Chilcott Laboratories as Director of the Veterinary Division, becoming Director of Trade Relations in 1957.

JOE R. WATKINS

Joe R. Watkins comes from a long line of pharmacists—his grandfather opened the first drug store in Humboldt, Tenn. in 1874. His father took charge in 1888 and continued the operation of this store until 1940. Joe started working in his father's drug store when he was too young to see over the counters and worked part-time all of his way through high school.

He studied preliminary medicine at the University of Tennessee and graduated from the University of Tennessee, School of Pharmacy with a Ph.G. degree in 1926. He was in the retail drug



JOE R. WATKINS

HARRY A. KIMBRIEL

business with his father from 1926 to 1937.

He was employed by Squibb in May 1937 as a Full Line Representative. In 1946 he was appointed District Manager in the Squibb Southern Division and District Manager in Washington, D.C. in 1949. He returned to Atlanta, Ga. as Division Manager of the five South-eastern states in June 1951. In September 1952 he was appointed Division Manager of the Cleveland, Ohio Division. In 1953 he was appointed National Field Sales Manager for E. R. Squibb & Sons, with headquarters in New York City.

He has kept up his registration and continues as a Registered Pharmacist in the State of Tennessee.

On May 1, 1963 he was appointed Manager of Customer Relations for Squibb.

HARRY A. KIMBRIEL

Harry A. Kimbriel was born January 24, 1904 at Durant, Oklahoma, in what was then the Choctaw Nation, Indian territory. His father was a registered territorial pharmacist. As a boy Mr. Kimbriel worked in his father's drug stores. He attended Southeastern College at Durant until his nineteenth birthday. His father's death at that time meant that he had inherited the drug business, which he operated from 1923 to 1929. There were two stores, and these were sold by Mr. Kimbriel just prior to the crash of 1929.

Mr. Kimbriel is a Registered Pharmacist by examination, although circumstances prevented him from obtaining a formal pharmacy education.

He went to work for chain drug stores in Oklahoma City, becoming the General Manager and Manager of Advertising of a 21 store chain, until joining Eli Lilly and Company.

After four years with Lilly, he became a District Manager in 1935, serving until 1949. In 1950 he went to Indianapolis for Eli Lilly as Central Region Director of Sales. In 1951 he became Executive Director of Marketing, and in 1953, Vice President in charge of Marketing.

It is from this latter position that he came to National Wholesale Druggists' Association as Executive Vice President, beginning November 15, 1955.

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C. Wilson Spilker, Board Advisor
Robert B. Kettlewell
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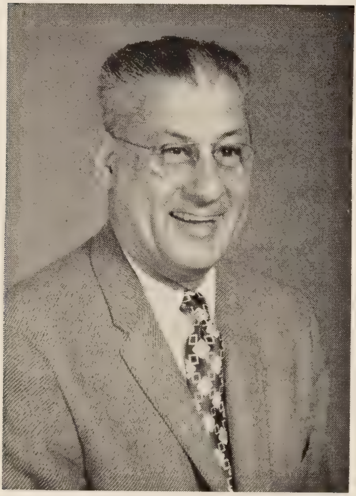
Volume 21 MAY, 1963 No. 6

TAMPA President's Message



SHEELER READ

It has been my privilege and pleasure to work with the officers and committees of the Maryland Pharmaceutical Association in planning and arranging the entertainment for the forthcoming Convention.

This year we suffered a most tragic experience in the passing of our First Vice President and Convention Entertainment Chairman, James A. (Bud) Allen. Fortunately, we had an excellent Second Vice President to step up and assume the duties. John Cornmesser has been working hard to carry out the plans laid down by his predecessor.

Monday night TAMPA will conduct an Amateur Nite with three Grand Prizes, as well as prizes for all contestants who participate.

Tuesday evening will feature "A Night in Old Baltimore"—a real TAMPA extravaganza. There will be polka music, beer, Gay Nineties costumes and lots of surprises.

Don't miss out on the fun. Join your friends at the 81st Annual Convention of Maryland Pharmaceutical Association.

Thursday at 11:00 A.M. TAMPA will hold its 47th Annual Meeting and elect its officers.

I look forward to the great pleasure of greeting all of you and joining with you in the grand fellowship we always enjoy at MPA Conventions. See you in Atlantic City!

Sincerely,
SHEELER READ
President

The Silver Lining . . .

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Program 81st Annual Convention
MARYLAND PHARMACEUTICAL ASSOCIATION
in conjunction with the Ladies and Travelers Auxiliaries
COLONY RESORT MOTEL, ATLANTIC CITY, N.J., JUNE 24, 25, 26, 27, 1963

Registration in the Lobby beginning 9 A.M., Monday, June 24th.

MONDAY JUNE 24—FIRST SESSION—ODYSSEY ROOM

2:00 P.M. Convention Call to Order—President Victor H. Morgenroth, Jr.
Opening Remarks—President Morgenroth
Communications
Committee Reports
Treasurer's Report
Secretary's Report
Report of the Board of Pharmacy—Francis S. Balassone, Secretary, Maryland Board of Pharmacy
Announcements
Attendance Prizes
Adjournment
6-9:00 P.M. Dinner

ENTERTAINMENT FEATURES:
8:00 P.M. Convention Highlights—Films by George M. Brandt
9:00 P.M. T.A.M.P.A. Amateur Nite
Dancing
Refreshments
Prizes

TUESDAY, JUNE 25—SECOND SESSION—BALLROOM

10:00 A.M. Call to Order—President Victor H. Morgenroth, Jr.
Early Bird Attendance Prize
Invocation
Report of Fair Trade Committee—Simon Solomon
Address of President Victor H. Morgenroth, Jr.
Prize Drawings
Panel Presentation: "Pharmacy—Facts, Facets and Future" (Merck Sharp & Dohme Grant)
Moderator: Edward F. Keating, Manager Trade Relations, Merck Sharp & Dohme
Addresses: Harry J. Knox—"Pharmacists and Discounters"
Dr. Roy A. Bowers—"Pharmacy Education—Is it Meeting the Challenge of the 60's?"
Henry R. Steinhaus—"Facts and Fantasies of Retail Pharmacy"
Dan Rennick—"The Big Lies"
Discussion Period
Announcements
Prize Drawings
Adjournment
2:00 P.M. L.A.M.P.A. Fashion Show and Luncheon—Pool Deck

ENTERTAINMENT FEATURES:
6-8:00 P.M. Dinner
8:30 P.M. "Pharmacy in Europe"—Slides by M. Martin Settler
9:00 P.M. T.A.M.P.A.—"A Night in Old Baltimore"
Costume Prizes
Dancing
Refreshments
Prizes

WEDNESDAY, JUNE 26—THIRD SESSION—BALLROOM

10:00 A.M. Call to order—President Victor H. Morgenroth, Jr.
Presiding—First Vice President William A. Cooley
Early Bird Attendance Prize
Report of the School of Pharmacy, University of Maryland, Dr. Noel E. Foss, Dean
Prize Drawings
Dudley J. Taw, Vice President of Revlon—"The Secret Key for Prescription Business"
Panel Presentation: "Patterns of Prescription Drug Distribution"
Moderator: Norman J. Levin
Addresses: Gerald M. Slade—Director Trade Relations, Warner-Chilcott Laboratories
Joe R. Watkins—Manager Customer Relations, E. R. Squibb & Sons
Harry A. Kimbriel—Executive Vice President, National Wholesale Druggists Association
Discussion Period on Panel Presentation
Announcements
Prize Drawings
Adjournment

10:30 A.M. L.A.M.P.A. Annual Meeting—Odyssey and Iliad Rooms
Address—Dr. Cylvia A. Sorkin—"Are You Normal?"
Luncheon
Gifts for ladies

ENTERTAINMENT FEATURES:

7:00 P.M. LUAU. Pool Deck or Ballroom.
Hawaiian Music and Entertainment
Costume Contest
Refreshments
Prizes

THURSDAY, JUNE 27—FOURTH SESSION—BALLROOM

10:00 A.M. Call to Order—President Victor H. Morgenroth, Jr.
Early Bird Attendance Prize
Communications
Memorial Services
Report of the Nominating Committee
Election of Officers and Members of the Executive Committee
Election of Three Nominees for Appointment of One to the State Board of Pharmacy
Prize Drawings
Adjournment of the Convention

11:00 A.M. T.A.M.P.A. Annual Meeting—Odyssey Room

2:30 P.M. Meeting M.P.A. Officers and Executive Committee—Odyssey Room

ENTERTAINMENT FEATURES:

6-7:00 P.M. Cocktail Party—Courtesy Calvert Drug Company, Henry B. Gilpin Company, Loewy Drug Company, and Muth Brothers and Company

7:00 P.M. Annual Banquet—Testimonial to John F. Wannenwetsch
Pharmacy Week Awards
Installation of Officers

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Banquet Tickets Available for Those Not Registered at the Colony Resort Motel at $15.00 per person. The Banquet is considered as Part of the Hotel Convention Rate.

Breakfast will be served from 7:00 to 10:00 A.M.

Lunch available as noted in program and the dining rooms.

Dinner will be served from 6:00 to 9:00 P.M., or as noted in program.

Donors of gifts, prizes and favors shall be announced throughout the events of the Convention.

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Advancing The Professional Status Of Pharmacy*

George F. Archambault, LL.D., D.Sc., Pharm.D.**

As the 109th President of the American Pharmaceutical Association I bring this evening greetings and best wishes of the Council of the American Pharmaceutical Association. I also bring the personal greetings of Dr. William S. Apple, the Executive Director of the A.Ph.A. It is especially pleasant for me to be here because here there are many loyal and dedicated A.Ph.A. members.

"Advancing the Professional Status of Pharmacy," is the theme assigned to me tonight. Let's explore the subject, you and I, for the next few minutes. I think you will agree to this proposition—that in these decisive and troublesome times for pharmacy, it is imperative that we practitioners work ceaselessly to advance pharmacy's professional status. In exploring this subject 'you and I' let us first examine ourselves and the profession we serve.

Let us go back to our high school days and determine **just what it was that** motivated us to study pharmacy—to study the pharmaceutical sciences—for four, five, or six years? Was it to be a retail merchant—a merchandiser? Hardly. What idiots we would be, you say, to take four or five years to study pharmacy, microbiology, pharmacology, and the many chemistries just to become merchants—even if the curriculum does contain some ten to fifteen percent of business subjects.

Surely, if merchants we wanted to be, you say, we would in all good sense, have enrolled in the Department of Commerce and the School of Business Administration with a Retail Merchandising major—certainly not a Pharmacy School.

Then, **why**—did we elect pharmacy—was it not because we desired a health **profession**—we liked what we saw in pharmacy—the art and science of medication evaluation, procurement, storage, compounding, dispensing and drug usage, and drug consultation—in other words—we wanted to become "medication experts."

Then, if this be true, how did we, and how do we today "square off" the profession of pharmacy with up-front, non-health related merchandise selling—simple—we rationalize in terms of "supplemental" or "additional income" sources—much the same as the attorney and physician have supplemental incomes by investment and operations of business enterprises apart from their legal or health practices—**but such enterprises,** such **"supplemental income"** activities need be kept, as with lawyers and physicians, **in proper perspective** and scope—they must **not become** the "horse"—they must remain the tail." The sale of non-health related merchandise **must** never become our prime motivation or reason for being—otherwise—we are indeed "stupid" and "silly" to spend years in science studies in our pharmacy schools. Those of us who do this, sell our professional birthright unnecessarily.

This brings us to these two thoughts: (1) is pharmacy today truly a profession, and (2) what is the distinction between a profession and a trade or business? Let's answer that this way—Pharmacy is a health profession—for it meets the following tests for a profession:

1. Motivation—one is motivated to practice pharmacy because of **serv-**

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*Presented at the Installation Dinner Meeting of the Baltimore Metropolitan Pharmaceutical Association January 17, 1963.

**President, American Pharmaceutical Association; Pharmacy Liaison Officer to the Office of the Surgeon General, USPHS; Chief, Pharmacy Branch, Division of Hospitals, Bureau of Medical Services, USPHS

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ice to mankind, remuneration follows the service. The driving factor, as in law and medicine is service to man, not remuneration or profit drives.

2. Pharmacy has a special body of knowledge that takes five to six years to acquire.
3. Pharmacy is a licensed health profession—in all 50 states—an examination by one's peers is required by state law in the interest of the public health and patient safety.
4. Pharmacy like other professions requires an internship or apprenticeship prior to full licensure.
5. Pharmacy has, like other professions, its own code of ethics.
6. Pharmacy, like other true professions, frowns on the advertising of its services to the public. Advertisements such as "We Compound Accurately," "Prescriptions Filled Correctly Here," are considered unethical by pharmacy's professional association,—The A.Ph.A.—for they in effect imply other practitioners of pharmacy compound and dispense inaccurately.
7. The practice of pharmacy is individual not corporate—only pharmacists are licensed to compound and dispense prescriptions, not pharmacies.
8. Emperor Frederick of Germany separated pharmacy from medicine back in 1240—as a separate profession to "prevent the exploitation of the sick."
9. The prevention of "Iatrogenesis" (physician-induced injury) is one of our professional reasons for existence—a moral, legal, and ethical reason and responsibility.
10. The Food and Drug Administration stated recently if there were not pharmacists "we would have to create them" in the interest of the public health—as custodians of medications.

At this point, I am sure, we all are in accord with the proposition that pharmacy meets the classical tests for a profession. This incidentally is what I testified to in Michigan recently when the state pharmacy statutes were being challenged by a food chain as being illegal by virtue of the 14th Amendment to the U.S. Constitution—that amendment that protects citizens from the loss of their constitutional rights without due process of law. The right to own a pharmacy by any and all citizens being at issue here.

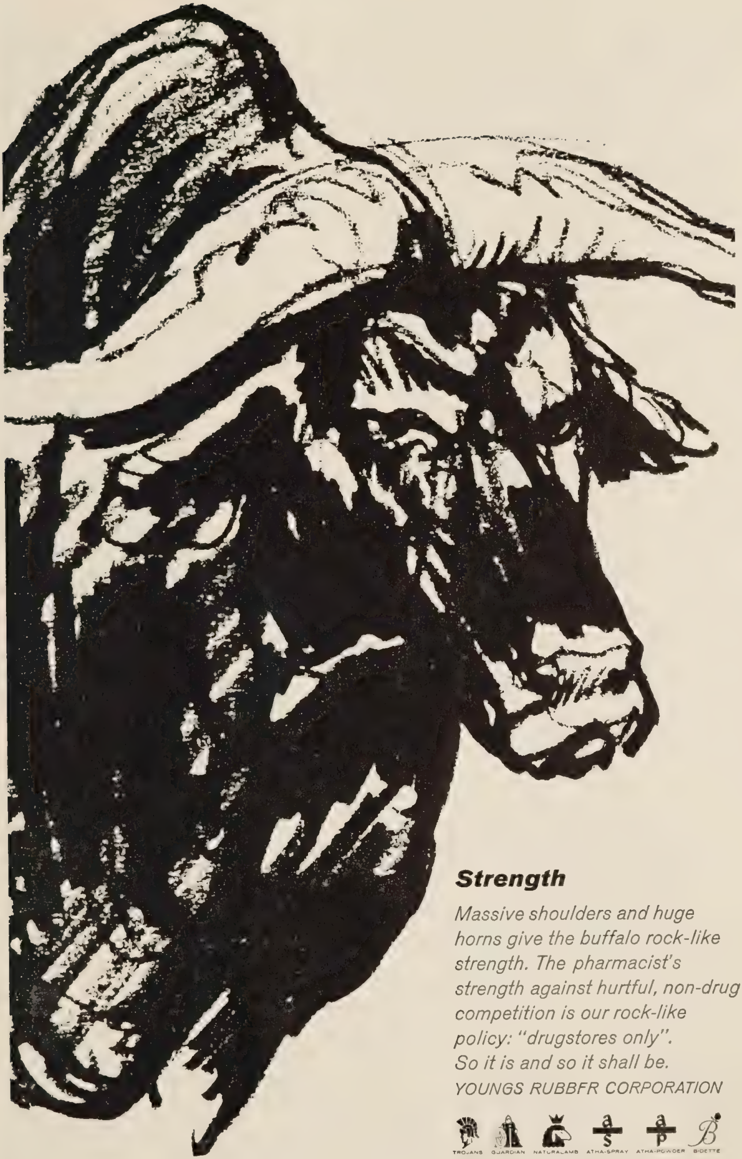
But, here in the early days of 1963, what are we seeing that **clouds** this issue of professionalism? We **see** commercialism invading pharmacy to such a degree that one provost of a state university, recently said to the Dean of his School of Pharmacy: "From what I see of actual pharmacy practice I question the wisdom of the pharmacy school in the medical setting—it more properly belongs in the commerce department—in the college of business administration."

This reminds me of Emerson's statement,—"What you are stands over you the while and thunders so that I cannot hear a word you say."

Because of this invasion of the practice of pharmacy by trained merchandisers in the food chain outlets, an invasion for "profit" and "traffic builders" and not for public health and safety, the need for the professional association, The American Pharmaceutical Association, is most clear in 1963.

It is only through a united, strong national professional organization that pharmacy can move quickly enough and efficiently enough to save itself as a health profession. I refer to a practice of **individual** practitioners and not a practice surrounded by the insurmountable problems that will be created by outside corporate business controls—such as the food chains that are now confronting us.

We no longer can ride two horses at the same time—professionalism and



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TROJANS GUARDIAN NATURALAMB ATHA-SPRAY ATHA-POWDER BIDETTE commercialism—with the greater emphasis on the non-health related merchandise. It is only in the circus that we see individuals ride two horses at the same time—trained, experienced acrobats and they, you note, ride the two horses for only a few minutes at a time.

Let me point out the obvious—that the **policy** of pharmacy owners affects the quality of pharmacy practice. The motivation of the owners—professionalism or commercialism—denotes the quality of practice in the final analysis and remember—the motivations of commercialism and professionalism are **not** compatible.

Pharmacy, unlike medicine and dentistry, is a profession that licenses not only its practitioners **but** also the place where pharmacists practice—the pharmacies. And, today these pharmacies, unfortunately, in most states, may be owned by non-pharmacists. Truly, an inconsistency, not in the best interest of the public. In fact, a **dangerous** thing **to patient safety.**

Such ownership can create a conflict of interest between the usual loyalty to the patient and profession versus the employer. Commercial pressures can and do exploit the pharmacist—let me cite seven legal ways in which this can be done:

1. Inadequate and incomplete prescription department inventories—this is done to effect a sound business stock turn.
2. The employment of an insufficient number of pharmacists to handle the prescription workload.
3. Generics of questionable quality supplied on prescriptions written by official titles.
4. No night, emergency, or epidemic period prescription service.
5. Little or no extemporaneous compounding of opthalmics, dermatological and other compoundable prescriptions—this practice being frowned upon as being too time consuming.
6. Improper locus for physician consultations on drug therapy matters.
7. A "frowning" by management on time spent in consulting activity with physicians, such as "side effects and contraindications" of medications.

And, to this list of seven perfectly legal pitfalls are three illegal ways of exploiting pharmacy that could be utilized when pure commercial motivation prevails:

1. The use of non-pharmacists in prescription compounding and dispensing.
2. The unauthorized **refilling** of prescriptions.

And,

3. Outright substitution.

All springing from the retail merchandising motivations of volume sales, rapid stockturn and profit incentives. These facts, too, we informed the Michigan court, as A.Ph.A. fought pharmacy's battle recently.

Let us give thought to one further point in this problem of non-pharmacist ownership of pharmacies—the dangers to the profession itself. Let's look at three of them—the three that A.Ph.A. pointed out to the Michigan circuit court as it, the A.Ph.A., defended pharmacy, the profession:

1. We spend four to five to six years to educate the young of our profession to be experts in the pharmaceutical sciences—and in five or less years of **practice,** many of these young of the profession are "recapped" or "retreaded" into "retail merchants" — with public health service motivation becoming but talk, and volume sales, stockturn, profits, and the sale of up-front non-health related items becoming prime motivations of endeavors.

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2. We waste five years of precious training and education—we destroy a highly talented "medication expert"—a real loss to the health profession's manpower of the country.
3. These young of our profession then enter "practice" for themselves and carry over these improper motivations to the detriment of the public health and patient safety.

Such a system of non-pharmacist ownership, you see, allows for the exploitation of the licensed pharmacist to the detriment of the public, the Nation, and the public health. In the dissenting opinion of the famed Liggett vs. Baldridge—1928 Pa. Case—Justices Holmes and Brandeis stated: "Obviously he (the pharmacist owner) would be more likely to observe the business with an intelligent eye than a casual investor who looked only to the standing of the stock in the market."

What a travesty—and need I say more—what further proof is needed for the necessity of a strong professional organization for pharmacy in 1963?

Thus far, we have discussed the individual and his motivation for choosing a career in pharmacy. We have also looked for a moment at the grave dangers to the public health and the profession as we see them in commercialism and non-pharmacist ownership. Now, let us look **at a few of the ways** that each of us—and I mean every pharmacist in America, worth his professional "salt"—can advance the professional status and image of our profession.

Before I cite these individual opportunities, I would like to call your attention to some erroneous and unfortunate statements that are being made these days, many of them by men high in pharmacy. The statements, in general, seek to perpetuate the myth that "pharmacy is a business and a profession." Further, they would have us believe that A.Ph.A. is unrealistic in advocating increasing professionalism in all community pharmacies.

For the record let it be stated—that the A.Ph.A. believes that every community pharmacist must practice sound economics and make use of sound management methods in the conduction of his operation just as physicians and lawyers do. The point we make is that these things are tools to us professionals. They are to help us make our practice operate smoothly and efficiently. It is when they become an end in themselves, when they damage and destroy what pharmacy truly is—that we vigorously object.

The stocking and merchandising of non-related health products in pharmacies—such as toasters, electric steam irons, cuff links, table lamps, snow shovels, and beach pails—**is an insult** to pharmacists and is so unnecessary. Such things—and their manufacturers—have a stranglehold on the operating methods and mentality of too many pharmacists because of our own professional laziness. We have allowed promises of high returns at little professional effort to distract us from finding and implementing ways to increase our individual professional practice. Any high schooler can sell a table lamp; it takes education, experience and dedication to be a master in the art and science of medication evaluation, procurement, storage, compounding and dispensing—and in being able to intelligently discuss these matters with the medical community. This education we have—and this we should use more.

For the past quarter century, too many pharmacists have neglected their primary pharmaceutical responsibility and taken the lazy way, the merchandising of non-health related merchandise, to financial success. Now, a host of threats faces such commercial existence. Now, as we enter 1963, we must either return to the true meaning of our profession and its practices or be gobbled up by the big league merchandisers. Let us, therefore, change our viewpoint from that of main street merchant to that of health professional—the medi-

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cation expert. Let us make every pharmacy in America a community health information center. Let us find ways to make professional practice successful and self-sufficient.

The time is right for it—it can succeed. Look at these indicators of opportunities for enlargement and enrichment of professional community practice:

1. Only about 10 percent of the American population considers itself as having a **family** pharmacist. This is a point we must do more about —especially as the family physician disappears and the clinic physicians appear.
   The additional safeguard of having the pharmacist whom the patients have selected as their family pharmacist dispense **all** of their prescriptions — prescriptions from the several medical specialists of a clinic practice—becomes daily more important, for only here can there be a logical check on physiological incompatibilities — for here more and more, we note, the pharmacist keeping a running log on each patient's prescriptions—not only as a check on incompatibilities of a physiological nature but also as an income tax medical deduction service—one not offered by anyone except the "family pharmacist."
2. A recent survey* revealed that of the complaints made to pharmacists, 90 percent of them concerned price. The public must be made to understand that it does cost money to be well. They must be made to understand that the profits and returns on pharmaceutical manufacturer's endeavors are just and reasonable, and are necessary if future advances in protecting man's health are to be forthcoming. They must be made to see that a pharmacist deserves a professional fee for his services. Pharmacists, therefore, must use the professional fee—a prescription fee charge to support his services in the community. Pharmacists must get rid of the outmoded and non-professional mark-up system that places truly unfair, and unnecessary heavy burden on those requiring the more expensive medications.
3. Another finding in the survey was that 40 percent of the pharmacists do not know their patients by name. This certainly shows the public's desire for personal, professional service. Another was that the pharmacist does not offer any ethically proper advice to the patient about the prescription. We must do more in these areas—we shall.
4. Scientific and medical advances are coming so fast that no one physician can stay abreast of them. Physicians, therefore, are looking to us for more and more help as medication consultants. Here is a whole field that we have barely explored. The same is true, and in even greater degree, with dentists and veterinarians. These professions want and welcome our advice as experts in drug properties and custodians of specific and potent medications.
5. The public is health conscious. Why shouldn't we meet this public interest by providing health information at a nominal charge, in our pharmacies. Instead of electric toasters, and health career information, free for the taking or available in the supermarket—and the public welcomes our advice and guidance. why don't we display health information booklets. The pharmacy that provides such booklets impresses the patient and the community; it does mean a better and larger practice for that pharmacy, for pharmacy—the profession concept or image is put across to the community.

---

*Study, Benson & Benson, NARD Sterling Drug Inc., June 1962.

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6. The public needs and wants professional advice in its purchases of non-prescribed drugs — cold and cough remedies, first aid items, headache remedies, skin preparations, and the other products that have become virtual household necessities. For example—today they are asking us about APC Tablets, and other phenacetin containing medications. What about "Phenacetin Nephritis"—what is the evidence to date as to renal or kidney disease possibility of this chemical in so many of our O.T.C. preparations? "Empirin Comp., Anacin, Exedrin, Coricidin, Coryban" . . . FDA now has 70 expert urologists studying this problem. In guiding the public in its purchase of these items, the pharmacist acts much like the family physician. The pharmacist is the expert in this field—not the teen-age clerk in the supermarket—and the public welcomes our advice and guidance. Obviously—I am not referring to diagnosis and prescribing.

7. Civic health matters. Here is another virgin area largely untapped by pharmacists. There should be more pharmacists on the boards of directors of the local hospitals. More should be publicly associated with local boards of health, air pollution, water and waste surveys and facilities, civil defense medical materiel planning activities, community immunization programs and the thousands of other health related projects that we see in all of our communities today. We pharmacists must get out from our four-wall haven and get into the public consciousness as public health leaders and servants. The rewards are immeasurable.

8. Small hospitals and nursing homes. Here is another opportunity. It is reliably reported that 55 percent of America's hospitals lack the services of a registered pharmacist either full or part-time. Furthermore, there is a continuing and growing shortage of hospital pharmacists. We recommend that community pharmacists offer their professional services and advice to these hospitals on a part-time and consulting basis.

   There is also a related area of opportunity in the growing nursing home field. It is estimated that there are over a half million beds in today's nursing homes. Most of the people occupying those beds receive medication. The manner in which this medication is obtained, stored, and administered **must** be pharmacy's concern. Pharmacists must take the initiative in seeing to it that these homes receive professional services and advice to ical service.

In conclusion, let me make these points:

1. We pharmacists have invested in four, five, or six years of specialized education in order to be health professionals. We did not do it to be retail merchants. If we did, we were foolish.
2. Pharmacy is truly a profession. Its motivation **is** service to mankind, it has a special body of knowledge, and it meets all legal and ethical requirements of a profession.
3. The policy and viewpoint of pharmacy owners affect the quality of pharmacy practice. The motivation of the owner—professionalism or commercialism—denotes the **quality of** practice.
4. Non-pharmacist ownership can create conflict and can lead to the exploitation of the pharmacist in seven legal ways and three illegal ways.
5. Lastly, it is within the power of every pharmacist in America to advance the professional status and image of pharmacy. In community practice, there is a whole, positive

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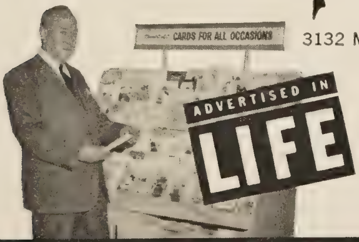

> array of ways in which a pharmacist can increase his practice and find even more satisfaction in being what he is trained to be—an educated, experienced and licensed health professional—a medication expert.
>
> Further, through federation, such as the Michigan State Pharmaceutical Association has adopted and other states are considering, we pharmacists can in unity and strength, move toward proper state legislation to better protect the public in its pharmacy service—legislation such as, (1) the restriction of pharmacy ownership to pharmacists as believed in by such great judges as Holmes and Brandeis (Liggett vs. Baldridge, Pa. 1928), and Chief Justice Pound (Lutz vs. Houck, 1933 263 NY 116), and (2) a reasonable restriction as to the **maximum** square footage for pharmacies consistent with the compounding and dispensing of medications, consulting activities, and the sale of sick room and health related supplies—and other items necessary to maintain in the community an adequate medication inventory and the services of a knowledgeable "medication expert" —the pharmacist. I ask you to support and push the **federation** move, if you believe as I do in the principles stated here tonight.

During the past few years, there has been much talk across the country about national pharmaceutical organizations working together. Some state associations have even passed resolutions urging such cooperation. It is interesting to me that some of the pharmacists who talk most about this come from states that have internal organizational problems of their own. Therefore, I don't think it is unfair to ask why some pharmacists expect better conditions to prevail at the national level than do in their own states.

Dr. Apple has frequently pointed out that pharmacy's strength at the national level can be no greater than it is within the states. He recently reminded California pharmacists that internal strife posed the greatest threat to their welfare.

It should be apparent to everyone that A.Ph.A. can serve more effectively and more efficiently by working through 50 state associations instead of through several thousand regional, county or city groups, which all consider themselves autonomous. The same holds true at the state level: Pharmacists can be best represented and served in Maryland—or any other state—when all efforts are coordinated through the state association.

Pharmacists in metropolitan areas like to believe that their problems differ substantially from those elsewhere in the state. In some respects, this is true. However, the solution to those problems almost always requires the full support of all of the state's pharmacists, especially if the problems have to be resolved in the legislature or courts.

Just as the state association can help your local association, so can the efforts of A.Ph.A. buttress the efforts of your state association. This was demonstrated in Michigan, where, as I have pointed out, the state association went to bat for pharmacy in the Kroger case and A.Ph.A. lent its full cooperation to the state. As a matter of fact, I personally testified in that case as a witness for the state and in behalf of the profession.

Let me also point out that Maryland once had an enviable reputation as a contributor to progress in American pharmacy. Affiliation with A.Ph.A. now, early in the federation program, will provide an opportunity for you to resume this leadership role. If we pharmacists in Maryland set ourselves to the task, we can unify our organizations and be affiliated with the A.Ph.A. before this year ends. I urge we move to this direction.

Let me assure you—your professional association, the American Pharmaceutical Association, will never cease to labor to place the profession of pharmacy in its proper perspective to the American people. It will never stop aiding America's pharmacists improve their position and to further the public health and safety in the area of quality medications and quality of pharmaceutical service.

Pharmacy Employment Service

The Maryland Pharmaceutical Association maintains a registry of pharmacists seeking employment and names of employers seeking pharmacists as a service to its members.

Both employers and pharmacists available for positions are urged to use the professional placement services of the Association office. Write or telephone SA 7-0746.

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Baltimore Metropolitan Pharmaceutical Association

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PRESIDENT'S MESSAGE

Baltimore Metropolitan Pharmaceutical Association

The B.M.P.A. has begun a comprehensive and hard hitting public relations Transit Bus promotion campaign. At the May 29th meeting, the B.M.P.A. launched its "Let's Fight Back Together" program and outlined the many details of our long range plans. We urged pharmacists to utilize every opportunity to expose weaknesses of discounters and others:

1. By emphasizing the professional aspect of the community pharmacy.
2. By bringing forceful dramatic messages directly to the public, highlighting the important health role of the neighborhood pharmacist.
3. And by telling the public that these priceless and life saving services are only available when they support their neighborhood pharmacist.

Over 200 Baltimore Transit Buses will carry colorful outside posters 21"x44" and 400 buses will have inside posters 11"x56."

Association members have been mailed public relations kits containing a window streamer which is a replica of the bus posters. These posters and streamers have replicas of the new B.M.P.A. decal and the message:

Your Neighborhood Pharmacist
May Save Your Life
Don't Discount Your Health

The kit also contains a decal to be displayed by members on their pharmacy's door or window to tie in with this campaign.

This campaign will be augmented by announcements and programs on radio station WITH and by talks given to civic and service clubs. The first talk has been given to the Gardenville Lions Club.

We are asking every pharmacist to send us actual facts about incidents in which they were involved that were vital to a customer's health or life. These incidents will be helpful to the Speakers Committee.

The Maryland Pharmaceutical Association's 81st Annual Convention will be held in Atlantic City June 24-27th at the Colony Resort Motel.

See you in Atlantic City.

Sincerely,
A. M. LIBOWITZ
President

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NEWS ITEMS . . . . . .

Wholesale Prices of Prescription Drugs Down

Wholesale prices of prescription drugs in 1962 declined over-all for the fourth straight year, the Firestone Index reveals.

The Index, which measures changes in the level of manufacturers' wholesale prices to pharmacies and hospitals, is constructed annually under the supervision of Dr. John M. Firestone, Professor of Economics at City College of New York and consultant to industrial and governmental groups.

Dr. Firestone disclosed the 1962 fall in the drug price index in a talk before the Morris County Pharmaceutical Society meeting here.

He said the new decline brought the Index to 87.1, 12.9 per cent below the base number of 100.0 for 1949. Thus it continues to reflect a long-term downward trend in wholesale prices of drugs prescribed by physicians, he added.

In contrast, prices of other commodities have moved up sharply during the same period, Dr. Firestone said. He pointed out that the Bureau of Labor Statistics' Wholesale Price Index for all commodities except farm and food has risen 28 per cent since 1949 and the Bureau's Consumer Price Index has increased 29 per cent during the same period.

Dr. Firestone said the drug price index has declined in 10 of the years since 1949 and has shown an increase in only three. The index is now at the lowest level for the entire period, he added.

For the second consecutive year, the 1962 fall was largely influenced by price reductions in antibiotics, Dr. Firestone said. Vitamins and hormones showed less spectacular declines, he said.

The wholesale drug price index was first prepared under Dr. Firestone's supervision in 1960, covering the period 1949 to 1959, and has been updated for each succeeding year.

The Index is constructed according to accepted statistical procedures, according to Dr. Firestone. Leading products in 16 therapeutic classifications are included, and the components are weighted according to the extent of consumer usage, he said.

Noxzema Convention Special Treat. .

The Noxzema Chemical Company, a Maryland institution, has contributed an ample supply of its sun-tanning preparation HIGH NOON for distribution to those attending the Maryland Pharmaceutical Association Convention at Galen Hall. Why burn when you can tan with HIGH NOON?

BLUE CROSS

Children Becoming Age 19, Or Marrying Must Apply for Appropriate Membership

Parents within your group should be reminded periodically that children will be removed for Family coverage when they reach age 19, or marry, whichever occurs first. To assure continuity of membership the child must apply for his individual within 30 days of his birthday, or within 90 days of his marriage. In either case, membership may be continued on a direct-payment basis or through a gruop at his place of employment. Application for transfer from Family membership may be made by calling or writing the Subscriber Service Department of Blue Cross.

Pharmacy Students For Summer Jobs

The Association has a list of students from all parts of the state enrolled in the School of Pharmacy of the University of Maryland at College Park who desire summer employment. Write or call the office for a student desiring work in your area.

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Prince Georges—Montgomery County Pharmaceutical Association News

Officers 1963-64

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2nd Vice President	Melvin J. Sollod
3rd Vice President	Saul Greenberg
4th Vice President	Richard D. Parker
Secretary	Paul Reznek
Treasurer	Richard Bayliss

EXECUTIVE COMMITTEE

Elected to 3 year terms: W. L. Brunnett, J. A. I. Parker, Paul Fenton.

Elected for 1 year term: Al Lawson, Norman Stein.

Incumbent members: A. W. Braden, Herman Taetle, Gabriel E. Katz, N. W. Chandler.

With this issue The Maryland Pharmacist inaugurates a special feature for the activities of the Prince Georges-Montgomery County Pharmaceutical Association. The first president, and a leader in founding the Association, was Harold M. Goldfeder, who served as President of the Maryland Pharmaceutical Association in 1960-61. This Association in a period of a few years has developed a full pharmaceutical program for the pharmacists and allied personnel in their area.

The officers for 1963-64, elected at the March meeting, were formally installed at the Installation Dinner on May 18th at the Woodner Hotel in Washington The guest speaker was Frank Lobraico, President of the National Association of Retail Druggists. In charge of reservations were Gerald Y. Dechter and Dominic J. Vicino.

A testimonial dinner in honor of Harold M. Goldfeder, who is serving as Supreme Directorum of the Alpha Zeta Omega Pharmaceutical Fraternity, was tendered by the PI Chapter in Washington on April 24th. There were many tributes in recognition of Mr. Goldfeder's leadership and dedication to pharmacy, to A.Z.O. and to communal and religious institutions. The large gathering included many representatives of the world of pharmacy, including Philip Jehle, Washington representative of the N.A.R.D., Nathan I. Gruz, Executive Secretary of the Maryland Pharmaceutical Association and Aaron M. Libowitz, President of the Baltimore Metropolitan Pharmaceutical Association.

The BI COUNTY PHARMACIST, monthly bulletin of the Prince Georges-Montgomery County Pharmaceutical Association, under the editorship of Paul Reznek, has developed into an excellent communications medium for the group. Samuel Morris has contributed to its success with his articles and reports. Worth repeating from the November 1962 issue:

FURTHER EDUCATION?

Fellow pharmacist, Milton Stewart has made a frank and accurate analysis of the pharmacy student recruitment picture as reported in his "WHY DON'T YOU TRY?" article in the August-September issue of the **Bi-County Pharmacist.** There is nothing we can add, except—Amen!

We have often mulled over this same "apathy and lack of interest" and its consequences. Obviously, one of the first questions we ask ourselves is, "Where have we failed as educators?" Do we admit the wrong students to the schools of pharmacy? If not our admission policies, where have we gone astray in our educational programs? Our pharmacy schools, with the guidance of the American Association of Colleges of Pharmacy and the American Council on Pharmaceutical Education, strived to develop the most educationally sound curriculum possible within a four-year period. Now, we are attempting to further improve the quality and sequence of courses in the five-year period.

While trying to prepare the graduate to be an expert on drugs we are ac-

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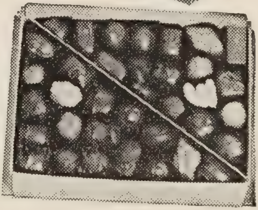

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cused of overeducating the pharmacist for the profession as it is practiced in the average community pharmacy. Is retail pharmacy the only career for which we should be preparing the pharmacy graduate? If we are unwilling to learn all we can about drugs, should we claim to be the only persons qualified to distribute them? Do we offer a greater service and protection than the grocery clerk at the check-out counter ringing up the aspirin sale or the door-to-door brush or cosmetic salesperson pushing his or her company's brand of vitamins? Is the nonregistered drug clerk just as capable of filling a prescription or advising the customer about an over-the-counter drug item as the pharmacist? Is there no need for your educational background when answering the physician's questions about a new drug? Have you taken the time or made any effort to keep up on your drug knowledge since graduation? Each of your answers to these questions is influenced and confused by the professional-commercial complexities of retail pharmacy.

My final question is related to the foregoing, i.e., are enough pharmacists in the area sufficiently interested and motivated to support a continuing education program in pharmacy? Almost every school of pharmacy located in a major city has developed an extension or postgraduate program varying from a one-day seminar to a series of evening lectures scheduled semiannually, annually, or biennially. The subject matter has covered the gamut from chemistry and pharmacology of recent drugs to the latest marketing analyses.

Are you ready to continue your formal education?

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North American Check Corp. Has become Affiliated With Trovelers Express Company

North American has been appointed to act as general agent for Travelers Express in Maryland, Virginia, and the District of Columbia.

Mr. Henry Zetlin and Mr. Benjamin Yevzeroff, both of whom are registered Pharmacist in the state of Maryland, will continue as President and Vice-President, respectively, of North American Check Corp., and will be in full charge of its operations. Headquarters of the company will remain at 2104 North Charles Street, Baltimore, Maryland.

Travelers Express brings to this new affiliation over twenty-five years of experience in the money order business. It is one of the oldest and now one of the largest companies in the business with offices in over thirty of the principal cities of the United States, and whose money orders are honored all over the world.

Travelers Express Company at present enjoys a volume exceeding $574,000,000.00 a year. The new affiliation with North American Check Corp. will increase this volume by $20,000,000.00 per year.

Joint AMA, APhA, NARD Commission To Study Interprofessional Relations

The American Pharmaceutical Association, the American Medical Association and the National Association of Retail Druggists will establish a new joint Commission on Medicine and Pharmacy to closely examine the interprofessional relationships between the professions of medicine and pharmacy.

This joint Commission will be co-sponsored by AMA, APhA and NARD, and will be composed of eight members, four from medicine and four from the profession of pharmacy. It is anticipated that the members of the new Commission will be appointed promptly, and that an organizational meeting of the Commission will be held at an early date.

Decision to establish this joint Commission climaxed a meeting Friday, May 24, at AMA headquarters in Chicago, when representatives of the American Pharmaceutical Association and the National Association of Retail Druggists met with the AMA Board of Trustees and Judicial Council on the problem of physician ownership of pharmacies. Following a two hour conference with the APhA and NARD representatives, the AMA Board of Trustees voted to co-sponsor the new joint Commission.

Representing pharmacy at the Chicago meeting was APhA President Robert Gillespie, NARD President Frank Lobraico, APhA Executive Director William S. Apple, NARD Executive Secretary Willard Simmons, Lee Eiler and Robert E. Abrams of APhA and Frank Moudry, R. R. Rooke and Robert P. Fischelis of NARD.

Financing Further Progress

Each person in this country is spending on the average two and a half times as much for all forms of medical and dental care as thirty years ago, measured in dollars adjusted to the same value. Health expenditures represent a steadily increasing percentage, now about 6.6 per cent, of all personal income, and the public has been very conscious of this increase.

There have been higher charges for hospital care and physicians' services at the same time that there has been an increased use of such services, as well as of drugs and dental care. Moreover, the public does not always choose to be economical in the use of medical care, which in part explains higher expenditures. People often select a private or semi-private hospital room instead of a ward. Physicians are consulted more than necessary by some people for reassurance. Drugs are often taken to avoid discomfort that could be endured. Every community wants a hospital, though fewer units centrally located would be less expensive, if less convenient.

On the other hand, there is evidence that too many people are not receiving the best care available. Many people delay or avoid dental treatment. Many fail to see their physicians regularly. Cost, or worry about cost, is important, but much unmet need results from fear and procrastination If the public were to seek all services needed, expenditures would be greater than at present.

Total expenditures for medical care, then, to some substantial degree represent individual decision by consumers. There are emergencies that remove individual choice, but most medical care is dependent on the individual's deciding to consult a physician and to follow his advice. Wise use of medical care does result in generous use of services and facilities. While many may avoid treatment, rising public expenditure reflects the public's decision to make increasing use of the available services and facilities.

The financing of medical care in this country has been flexible because payments come from many sources: from government at all levels, primarily from individuals, and increasingly through health insurance. There is inherent adaptability in these many sources of payment for medical care which are directly influenced by consumers' choices. The growth of expenditures represents these consumers decisions on the value of modern medical care. And the resulting flow of funds has financed the facilities needed for progress in providing good health services.

—GEORGE BUGBEE, Director
Health Information Foundation

Youngs Rubber Corporation Cited For Contributions To Organized Pharmacy

The Georgia State Pharmaceutical Association has formally recognized the contributions of a manufacturer to the cause of Pharmacy by awarding the Youngs Rubber Corporation a Citation commending that company's pioneer policy in confining the sale of prophylactics to registered pharmacies only, by its recent victory as a defendant in a 30 million dollar federal lawsuit which could have ended their legal position in pursuing their historic policy if the case had been lost.

Praising Youngs Rubber Corporation's outstanding contributions to Public Health and Pharmacy, the Citation notes that although several State and Local Pharmaceutical Associations were named as "co-conspirators", Youngs fought alone at a tremendous cost to defend itself and Pharmacy against the attack of a Vending Machine Operator who charged that activities to seek passage and enforcement of state legislation and local ordinances to ban the sale of prophylactics through sources other than pharmacy were illegal.

The Citation points out that by winning this hard-fought legal struggle, the Youngs Rubber Corporation has earned the right to continue its pioneer policy and has helped create a national precedent which will protect the right of all Pharmaceutical Associations to lobby for the enactment of laws vitally affecting the Public Health and Welfare and assured that the voice of Organized Pharmacy will continue to be heard.

In commenting on the outcome of the lawsuit, John C. MacFarlane, President of Youngs Rubber Corporation has assured organized Pharmacy that as a manufacturer they will continue to do battle for Pharmacy stating: "It is not enough merely to sup-

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port pharmacy today. . . . We must continually do battle in its behalf".

DRUG IDENTIFICATION GUIDE UNVEILED BY AMA—An identification guide to more than 5000 drugs was published by the American Medical Assn. It is expected to be a valuable tool in a variety of situations, particularly in the treatment of poisoning cases due to drugs in tablet or capsule form.

The guide, appeared in the AMA Journal, and was designed as an aid for physicians, pharmacists, hospitals, law enforcement agencies, poison control centers and others involved with drugs. The 5000 solid dosage drugs, representing the bulk of the nationally distributed prescription pharmaceuticals, are coded on the basis of physical appearance, such as dosage form (tablet, soft or hard gelatin capsule), size, shape, color and markings.

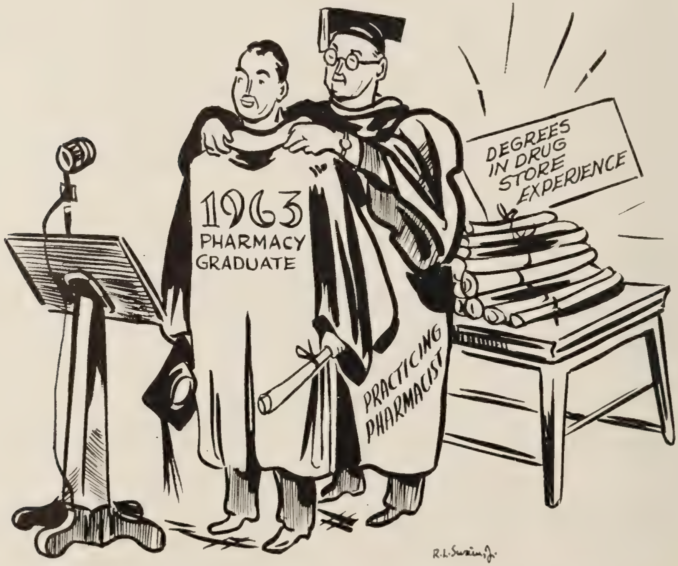
One of the primary reasons behind the development of the guide was the need for quick identification of drugs taken by poisoning victims so that personnel in hospital emergency rooms could treat the patient properly.

OBITUARY

JOHN J. MYERS

John J. Myers, Pharmaceutical Buyer, died suddenly on the 1st of May. He had been in the employ of Muth Brothers & Company for 36 years.

He is survived by his wife and one daughter.



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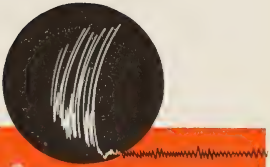

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VOLUME XXXVIII - NO. 9
JUNE 1963

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1. Bartell, P., Pierzchala, W., and Tint, H.: J. Am. Pharm. A. (Scient. Ed.), 49:1, 1960. 2. Barr, M.: J. Am. Pharm. A. (Scient. Ed.), 46:490, 1957.

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The Maryland Pharmacist

— NATHAN I. GRUZ, Editor —

Volume XXXVIII JUNE, 1963 No. 9

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Editorial . . . . . .

Refill Only on Physicians Authorization

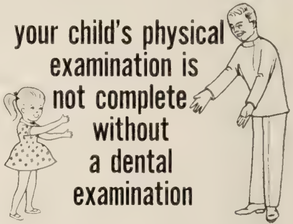
In a case recently decided in California, a woman was awarded a judgment of $334,000.00 for reactions suffered from taking a broad spectrum antibiotic. Both the prescribing physician and the manufacturer were held liable for damages while the pharmacist who dispensed the antibiotic was not held liable.

In this case the original prescription was refilled six times, upon authorization from the doctor's office—usually from the nurse. The patient developed aplastic anemia requiring 60 blood transfusions plus massive androgenic therapy. Treatment resulted in the patient developing a beard, red complexion and acne disfiguration. The jury held that the doctor was negligent in prescribing the drug under the circumstances and the manufacturer was negligent in failing to warn the medical profession of the dangerous side effects.

As Robert E. Abrams has asserted in "Voice of the Pharmacist": "Pharmacists must be ever cognizant of the fact that there is no such thing as a completely safe drug and that all administration of legend drugs must always be with complete knowledge and authorization of the physician. In turn physicians must recognize that they neither have the legal nor the moral right to transfer this responsibility to a nurse or some one posing as a nurse."

Here is further proof of the importance of refilling **all** prescriptions **only** upon the authorization of the prescribing physician. If the California pharmacist in this instance had not received prior authorization, he—the pharmacist—and not the physician or manufacturer would have been held liable.

A word to the wise should be sufficient: always have the prescriber's authorization before refilling prescriptions.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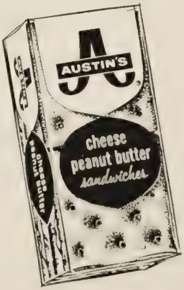

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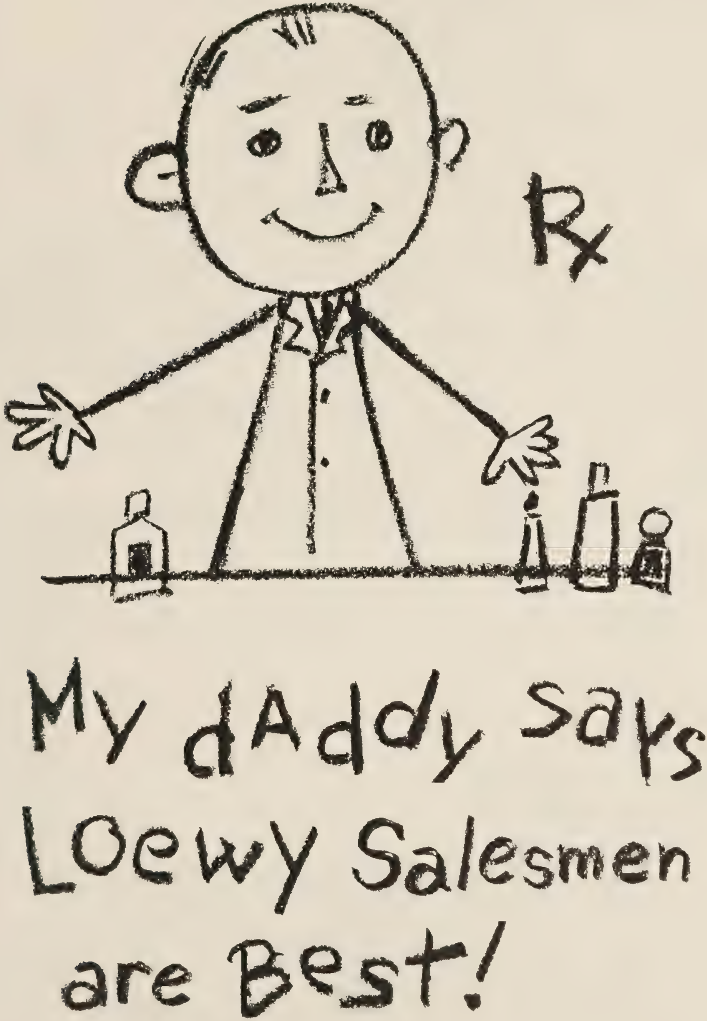
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President's Message . . . . . .

Dear Fellow Members:

This is my most difficult message to write since it will be my last message to you as President of the Association. This has been a year full of promise, doubt, joy and sorrow. For me it has probably been the busiest year of my life. From this I am not sorry, but very happy. I only hope that something will be remembered from my tenure in office since I do feel that between us all, we try.

Not to give credit where credit is due would be a major sin. So first, let me personally thank all of my fellow officers who served certainly as strenuously and probably more strenuously than myself. To the committee chairmen of the standing committees of this Association, my sincere gratitude for what I know personally to be rather a thankless job. To all the members who participated in committee assignments, meetings, and convention, my personal thanks. To all the rest of the members, and I am very sorry to say that represents the vast majority of you, it was still a pleasure for all of us to try to serve you the best we knew how.

This is the part of the message that is most difficult to write because you hear on all sides about the old clique which is always running things and I, in my last few words, say in all sincerity thank God for the clique for without it there would have been no Maryland Pharmaceutical Association.

In other words, ladies and gentlemen, it is now up to you the vast majority to PLEASE do better in the support of a very fine gentleman, Mr. William A. Cooley of Cumberland, Maryland, who will be your President for the ensuing year. He can only do and perform with the tools available and you must provide these.

Again, in closing, allow me to express the gratitude of myself and my family for being allowed to serve you as your President during the past year.

Au revoir and good luck.

Sincerely,
VICTOR H. MORGENROTH, JR.
President

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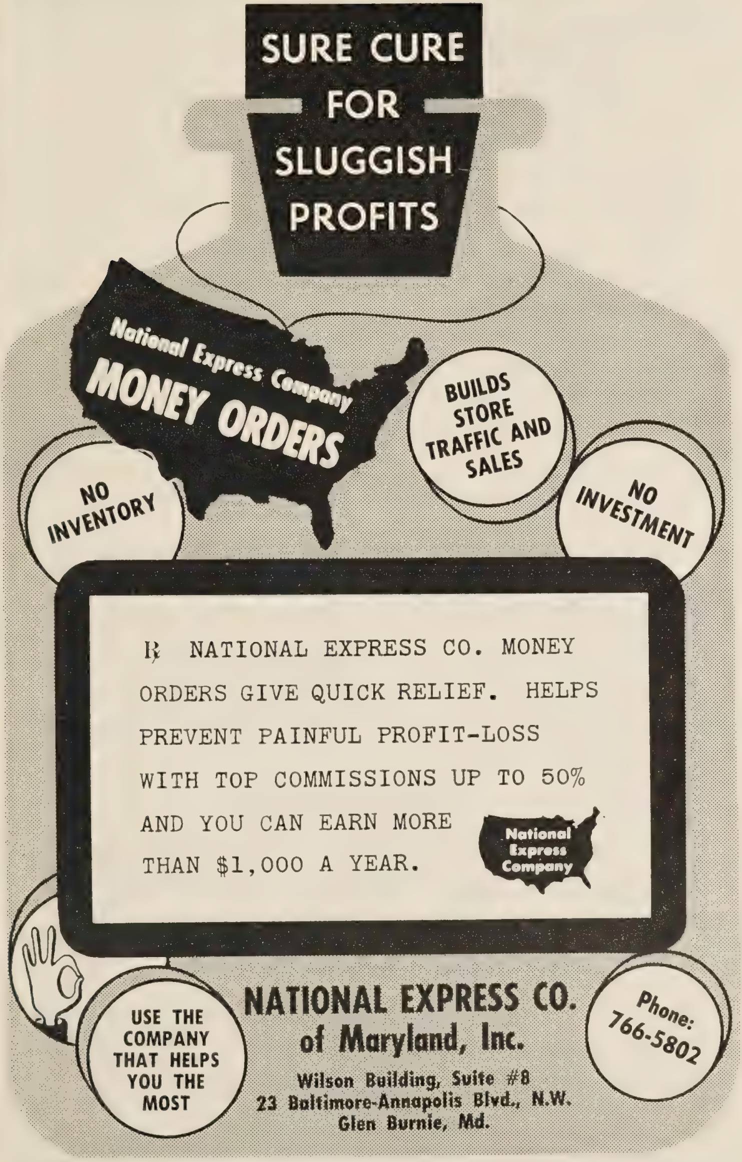

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Secretary's Script . . .

A Message from the Executive Secretary

The Maryland Pharmaceutical Association, through its headquarters staff and Association committees, is dedicated to developing programs and activities to enhance the profession of Pharmacy and to assure professional pharmaceutical services to the general public.

We believe that progress is being made. Advances in legislation have been achieved. Improvement in physician-pharmacist relations is resulting in cooperative efforts to solve mutual problems. A vigorous effort to obtain fair policies for pharmacists in the dispensing of Medical Care Program prescriptions is being carried on unceasingly. Attention is being directed to assure that dangerous drugs are made available only through authorized channels and that the public always receives the benefits of a pharmacist's professional services when receiving dangerous drugs.

These are only a few of the major matters receiving the attention of your state-wide professional Association.

At this time we ask all pharmacists to step forward and be counted in supporting their profession.

We welcome your ideas and suggestions. Your "letters to the editor" are also invited.

Let us hear from you so we may serve you as effectively as possible.

Sincerely,

Nathan I Gruz

Executive Secretary

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Drug Store Changes

May, 1963, Affecting Registered Pharmacies In Maryland

New

Ridgeway Manor, John E. Burleigh, Jr., Prop., 5743 Edmondson Avenue, Catonsville 28, Maryland.

Drug Fair of Maryland, Inc., t/a Drug Fair #69, 4803 Allentown Road, Camp Springs, Maryland.

Welsh Pharmacy, C. Robert Welsh, 28th and Philadelphia Avenue, Ocean City, Maryland.

District Heights Medical Center, Walter B. Sheer, M.D., & Kelvin L. Minchin, M.D., 7200 Marlboro Pike, S.E., Washington 28, D.C.

Tepee, Inc., t/a Parke Pharmacy, 115 N. Parke Street, Aberdeen, Maryland, Barry J. Plunkett, Jr., Prop.

Change of Ownership, Corporation, and/or Address:

Ivins Pharmacy, John M. Ivins, Son, Prop., 18 Belair Avenue, Aberdeen, Maryland (Formerly: John M. Ivins, Father, Prop.)

Lynn's Pharmacy, Lawrence F. Gusman, 5 N. Summit Avenue, Gaithersburg, Maryland. (Formerly: Norman B. Lynn, Prop.)

Physician's Pharmacy, Charles E. Pang, Prop., 3900 N. Charles Street, Baltimare 18, Maryland. (Formerly located at 4300 York Road, Baltimore 2, Maryland)

Manor Pharmacy, Inc., Irvin David & Abraham E. Glaser, 1014 Wilson Point Road, Baltimore 20, Maryland (Changed to a Corporation 4/22/63.)

Closed

Avalon Pharmacy, Joseph Carmel, 4352 Park Heights Avenue, Baltimore 15, Maryland.

Drug Store Changes

June, 1963, Affecting Registered Pharmacies In Maryland

New

Suburban Medical Arts Pharmacy, Inc., Morris Rosenberg, Pres., 8480 New Hampshire Avenue, Takoma Park, Maryland.

People's Service Drug Stores, Inc., #233, R. D. Gibbs, Secretary, 5601 Sargent Road, Hyattsville, Maryland.

Closed

Lawson & Sons, Pharmacists, Fred G. Sullivan and Alfred M. Lawson, Props., 5802 Baltimore Avenue, Hyattsville, Maryland.

Dart Drug, Coral Place Drugs, Inc., Herbert H. Haft, Pres., 14-16 Coral Place, North, Lexington Park, Maryland.

Change or Ownership, Corporation, and/or Address:

Hilton Court Pharmacy, Inc., Federal Pharmacy, New Proprietor: John Hagan. Formerly owned by Israel Rosenfeld, 1601 N. Wolfe Street, Baltimore 13, Maryland.

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- #3—T/A York Seminary Pharmacy, 3 E. Seminary Avenue, Lutherville, Timonium, Maryland (Formerly: York Seminary Pharmacy, Inc.)
- #4—T/A Charing Cross Pharmacy, 5228 Baltimore National Pike, West Hills, Baltimore 29, Maryland (Formerly: Charing Cross Pharmacy, Inc.)
- #5—T/A Westview Pharmacy, 5708 Baltimore National Pike, Catonsville 28, Maryland (Formerly: Westview Pharmacy, Inc.)
- #6—T/A Eudowood Pharmacy, 1281-1287 Eudowood Shopping Plaza, Towson 4, Maryland (Formerly: Eudowood Pharmacy, Inc.)
- #7—T/A Liberty Court Pharmacy, 8642-8646 Liberty Road, Randallstown, Maryland (Formerly: Liberty Court Pharmacy, Inc.)

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School of Pharmacy, U. of M., News . . . . .

Annual Meeting of The Alumni Association of The School of Pharmacy of The University of Maryland

By B. Olive Cole

The Annual Meeting of the Alumni Association of the School of Pharmacy was held in the Student Union Building on May 28, 1963, 8:00 P.M. The meeting was called to order by President Sam A. Goldstein, followed by approval of the minutes of April 6, 1963 meeting.

President Goldstein welcomed the members and friends, gave a short resume of the activities of the year, expressing appreciation of the privilege of serving as president, thanking the chairmen and members of the committees for their cooperation in planning and executing the many affairs of the year.

Dean Noel E. Foss thanked the Association for the continued support of the School of Pharmacy, especially in providing $400.00 annually for student aid and scholarships, which is matched by a like amount from the American Foundation for Pharmaceutical Education for undergraduate students.

The annual report of the Treasurer, dated May 23, 1963, was given by H. Nelson Warfield, who stated that an additional sum would be added from the Souvenir Program of the Mid-Year entertainment, through advertisements, and thereby the balance for 1962-63 would equal or exceed the balance reported at the end of 1961-62.

Reports were given from the following Standing Committees:

Auditing Committee, Frank L. Black, Chairman

General Alumni Council Members, by Dr. Frank J. Slama

Executive Committee, James P. Cragg, Jr., Chairman

General Chairman, Milton S. Friedman

Program Committee, Aaron M. Libowitz, Chairman

Ticket Committee, Solomon Weiner, Chairman

Alumni Bulletin and Public Relations, Nathan I. Gruz, Chairman

Entertainment Committee, Harold Levin, Chairman

Place and Arrangement Committee, Erwin B. Epstein, Chairman

Publications, B. Olive Cole, Chairman

Deceased Members, Francis S. Balassone, Chairman

Careers in Pharmacy, H. Nelson Warfield, Chairman

Student Aid and Scholarship, Samuel I. Raichlen, Chairman

Membership, Thomas C. Dawson, Chairman

Kelly Memorial, John F. Wannenwetsch, Chairman

Honored Alumnus Award, John F. Wannenwetsch, Chairman

Under new business the Constitution of the Association was amended to provide Honorary Life Membership in the Association.

John F. Wannenwetsch reported that Dr. Frank J. Slama was chosen as the Honored Alumnus for 1962-63 and will be feted at the annual banquet of the Association on June 7th, 1963.

Upon presentation of the Nominating Committee, James P. Cragg, Jr., Chairman, the following were elected as officers for 1963-64:

Honorary President—Melville Strasburger

President—Milton A. Friedman

First Vice-President—Robert Kokoski

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Dr. C. T. Ichniowski
Aaron M. Libowitz
Alan Settler
Vito Tinelli
Solomon Weiner

The following were elected Associate Members:

H. Sheeler Read
W. Luther Skinner, Jr.
Martin Rochlin

The members of the Class of 1963 of the School of Pharmacy and candidates for graduate degrees were elected to membership in the Alumni Association.

Coffee and a social hour completed the activities of the evening.

The Thirty-Eighth Annual Banquet And Dance of The Alumni Association of The School of Pharmacy, University of Maryland

By B. Olive Cole

The Thirty-Eighth Annual Banquet and Dance of the Alumni Association of the School of Pharmacy was held in the Student Union of the professional schools of the University on June 6, 1963.

Three hundred and eighty five persons attended, including the graduates of 1963, their ladies and escorts, who were the guests of the Alumni Association. In addition there were sixty-nine parents and thirteen other members of the families of the graduates in attendance, which greatly added to the pleasure of the graduates.

The Invocation was given by Mr. David L. Brigham, Director of Alumni Relations of the University of Maryland.

President Sam A. Goldstein welcomed the graduates, parents, alumni, members of the faculty, guests and friends and introduced the guests at the top and other tables.

Dr. Albin O. Kuhn, Executive President of the University, brought greeting from the University of Maryland.

Dr. Frank L. Black presented the Honored Alumnus Award to Dr. Frank J. Slama. Both Dr. Black and the recipient made appropriate remarks, Dr. Black giving the history and many activities and achievements of the recipient, and in turn, Dr. Slama responded with expressions of appreciation and thanks.

Dr. Casimer T. Ichniowski presented the Honorary President's Award to Miss Georgianna S. Gittinger, relating her education and connection with the School of Pharmacy. In turn, Miss Gittinger thanked the Association for the honor.

President Goldstein presented B. Olive Cole with an Honorary Life Membership card, designed in appropriate form, showing membership in the Association for thirty-seven years, this being the first life membership issued by the Association. This membership is greatly appreciated by the recipient.

President Goldstein presented a Certificate of Appreciation to Mr. Herman Bloom, expressing thanks for his assistance in photography and music enjoyed by the Association.

Dean Noel E. Foss presented the members of the graduating class, mentioning honors and prizes many of them had received from the School of Pharmacy at the Convocation.

Mr. Irwin Heyman, President of the Class, responded in terms of pleasure and appreciation.

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Herman F. Hansen
John J. O'Hara
Harry L. Schrader
John F. Wannenwetsch
B. Olive Cole

Reunions of other classes were recognized, especially a graduate of 1903—Benjamin Klein, a classmate of Dr. E. F. Kelly.

Mr. W. Luther Skinner, Jr., representing the H. B. Gilpin Company, presented the Alumni Association with a check for $400.00 for a scholarship for a deserving student in pharmacy. Some one will be made happy through this donation.

The officers for 1963-64 were installed, with Milton A. Friedman as President and Melville Strasburger as Honorary President.

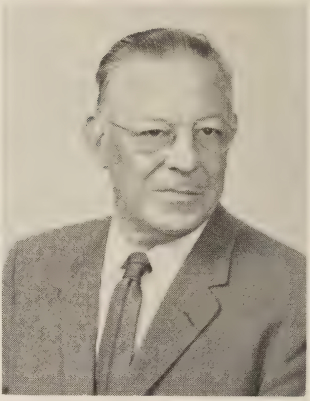
Mr. Sam A. Goldstein was presented with the Past President's Award—a plaque.

The Benediction was pronounced by the Right Reverend Monsignor David I. Dorsch, Director of Associated Catholic Charities, Inc.

The Flowers were by Hahn and Hahn in memory of Dr. Charles C. Neal, Dr. E. F. Kelly and Dr. Andrew G. DuMez.

The cigars were donated by F. A. Davis and Sons, Inc., and the Ice-Cream by Meadow-Gold.

Dr. Slama Named Honored Alumnus



DR. FRANK J. SLAMA

Dr. Frank J. Slama, professor and head of the department of pharmacognosy at the University of Maryland School of Pharmacy, received the 1963 Honored Alumnus Award at the annual graduation banquet of the school's Alumni Association, held Thursday, June 6, at the Baltimore Union.

Dr. Slama is a native Baltimorean and a graduate of the Baltimore Polytechnic Institute. He holds five degrees from the University of Maryland—a Ph G., Ph.C., B.S. in pharmacy, M.S., and a Ph.D.. which he was awarded in 1935.

He has been a member of the faculty of the School of Pharmacy since 1926. For ten years while he was a graduate student and part-time instructor—from 1925 to 1935—he worked as a registered pharmacist. As a result of this experience, his familiarity with problems of practicing pharmacist as well as those of the pharmacy student has enabled him to be a valuable friend and counselor to many of the alumni of the school.

On sabbatical leave in 1950-51, Dr. Slama served as a fellow at Ohio State University.

He is a charter member of the American Society of Pharmacognosists, the Rho Chi Honorary Society, and the Phi Delta Chi fraternity. He is also a member of the Maryland Pharmaceutical Association, the American Pharmaceutical Association, the Baltimore Metropolitan Pharmaceutical Association, and the Baltimore Veteran Druggists Association. He has served as the executive secretary of the School of Pharmacy Alumni Association for many years.

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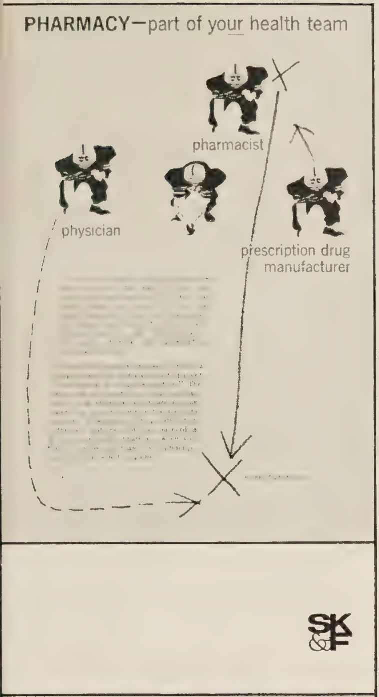
We'll send you, free of charge, 5½" x 8½" mats with ample space for your pharmacy's name and address.

From the mats, you can make inexpensive reprints to be given away as handouts (enclose them with prescriptions or use them as bill stuffers). You can also run the mats in your local newspaper as advertisements for your pharmacy.

If you would like to receive any or all of these mats, simply drop a postcard to Smith Kline & French Laboratories, Philadelphia 1, Pennsylvania. Promote your pharmacy—promote your profession.

Smith Kline & French Laboratories, Philadelphia



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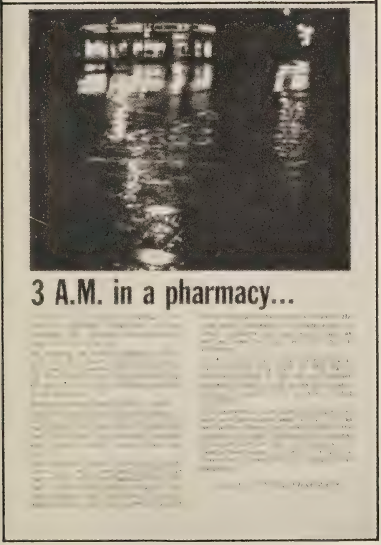
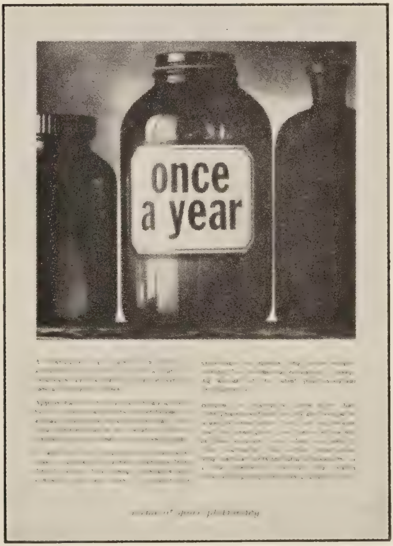


3 A.M. in a pharmacy...



Tenth Annual Honors Convocation

Outstanding students in pharmacy were recognized at the Tenth Annual Honors Convocation held by the University of Maryland School of Pharmacy.

Prizes and awards were made to the following students:

Gold Medal for General Excellence: Marjorite S. Abramovitz, Baltimore.

Certificates of Honor: Jeanne A. Baker, Towson, Maryland.

Yale H. Caplan—Baltimore

James J. Welsh—Baltimore

The William Simon Memorial Prize: Marjorie S. Abramovitz, Baltimore.

The Andrew G. DuMez Medal: Yale H. Caplan, Baltimore, Md.

The L. S. Williams Practical Pharmacy Prize: David A. Blake, Baltimore.

The Conrad L. Wich Pharmacognosy Prize: Chester L. Price, La Vale, Md.

The Wagner Pharmaceutical Jurisprudence Prize: David A. Blake, Baltimore.

The David Fink Memorial Prize: Jeanne A. Baker, Towson, Md.

The Phi Alpha Chapter, Rho Pi Phi Fraternity Cup: Yale H. Caplan, Baltimore.

The Kappa Chapter, Alpha Zeta Omega Prize: Stephen P. Levin, Baltimore.

The Epsilon Alumnae Chapter, Lambda Kappa Sigma Sorority Prize: Thomas H. Keller, Jr., Baltimore.

The Merck Award to an outstanding student in pharmacy: Marjorie S. Abramovitz, Baltimore.

The Merck Award to an outstanding student in pharmaceutical chemistry: Stephen P. Levin, Baltimore.

The Bristol Laboratories, Inc. Award for extra-curricular activities: David A. Blake, Baltimore.

The Rexall Drug Company Award for outstanding achievement: Jeanne A. Baker, Towson, Md.

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Contributions . . . . . .

Isopropyl Myristate-Palmitate II

By B. F. Allen, Ph.D.*

In a previous article (This Journal 37, 540, 1963), some applications of the two lower alkyl esters of higher fatty acids known as isopropyl myristate and isopropyl palmitate was presented.

The following pharmaceutical formulations illustrate additional applications of these two substances: **Neomycin Lotion**—neomycin sulfate 3.5 mg/gm, polyethylene glycol 400 monostarate 2.5%, isopropyl palmitate 2.5%, stearic acid 3.0%, propylene glycol 10.0%, sodium benzoate 0.2%, water q.s. 100.0%; **Vitamin Ointment**—lanolin 19.5 parts, castor oil 10.0 parts, glyceryl monostearate 23.4 parts, cocoa butter 4.0 parts, beeswax 13.0 parts, isopropyl palmitate 8.0 parts, petrolatum 22.7 parts, and one part of the following solution: mineral oil 99.22 parts, vitamin D concentrate 0.50 parts, vitamin A 0.28 parts; **Ophthalmic Ointment Base**—white wax 1 part, cetyl alcohol 1 part, isopropyl myristate 4 parts.

Many aerosol insecticides, when activated, have a tendency to cause some untoward effects such as tearing and irritation of the nasal passages. It has been reported that a special brand of isopropyl myristate is an excellent medium for reducing the irritating properties associated with insecticides while, at the same time, aiding in depressing the inherent odor of the active materials. Isopropyl myristate acts by coating the malodorous molecules in the formulation, thus reducing the odor level and allowing the full effect of the perfume in the container to be released.

It has been stated that polyethylene is the most common material used in plastic bottle production because of its broad range of favorable properties. However, container deformation has resulted during storage due to a variety of ingredients, including isopropyl myristate-palmitate.

One of the major problems encountered today when so-called modern chemical substances are involved, is sources of supply. Also, it is extremely difficult at times to purchase small quantities of materials of this nature. Therefore, as an aid to the interested, high quality isopropyl myristate and isopropyl palmitate can be obtained from the following manufacturers or suppliers: Z. D. Gilman, Inc., Washington 4, D.C.; Givaudan-Delawanna, Inc., New York 36, New York (isopropyl palmitate marketed as Deltyl, isopropyl myristate marketed as Deltyl Extra); Kessler Chemical Co., Inc., Philadelphia 35, Pennsylvania; Robinson, Wagner Co., Inc., Mamaroneck, New York (isopropyl palmitate marketed as Propal, isopropyl myristate marketed as Promyr); Ruger Chemical Co., Inc., New York 11, New York.

Some pharmaceutical and related products containing an isopropyl fatty acid ester as an ingredient:

AR-EX BATH OIL[1]
AR-EX HYPOALLERGENIC LOTION[1]
DILODERM[1]
DOAK-OIL[2]
DOMOL BATH EMOLLIENT[1]
KENALOG CREAM[2]
KENALOG SPRAY[2]
KENALOG-S CREAM[2]
METI-DERM[1]
PERMICORT-TQ[3]
TERRA-CORTRIL TOPICAL[1]

---

*University of Maryland, School of Pharmacy.

[1] Contains isopropyl myristate.

[2] Contains isopropyl palmitate.

[3] Contains an isopropyl fatty acid ester, unspecified.

The Silver Lining . . .

The wise dealer who stocks either Abbotts or Jane Logan deluxe ice cream in his store finds his cash register drawer always lined—and filled—with silver coins of the realm. And, remember, green bills from silver coins do grow!

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☐ Tab. 50s ☐ Tab. 500s

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☐ Suspension 6 oz.

Donnagel®-PG
☐ Suspension 6 oz.

Donnagel® with Neomycin
☐ Suspension 6 oz.

Robinul®
(glycopyrrolate, Robins)
☐ Tab. 100s ☐ Tab. 500s

Robinul®-PH
☐ Tab. 100s ☐ Tab. 500s

Robaxisal®
☐ Tab. 100s ☐ Tab. 500s

Robaxisal®-PH
☐ Tab. 100s ☐ Tab. 500s

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Robins

Choosing Professional Life or Death*

By NATHAN I. GRUZ

Executive Secretary, Maryland
Pharmaceutical Association
Secretary, Baltimore Metropolitan
Pharmaceutical Association

One of the happiest events of the year for me is this annual occasion to speak to the graduating class of the University of Maryland School of Pharmacy. In fact, one of the most rewarding aspects of my work is the opportunity for contacts with pharmacy students. I believe I am fortunate to have my office next door to your school. I only wish that I could meet with you more frequently.

During this period of your lives, I am sure you are being told many times that your graduation is an important milestone in your lives—and, of course, it is. It is a memorable event in every young person's life.

Graduation, commencement, receiving your Bachelor of Science degree—these are experiences you have in common with many thousands of young people throughout the land. However, this important accomplishment in your lives differs from that of the majority of young people in that your degree is in Pharmacy. In addition, what will follow for each one of you out of this education and training to which all of you have been exposed in common, will be unique for each person.

To a certain degree, there will be environmental factors over which you have no control which will shape your careers in Pharmacy.

But to an extent much greater than most young people realize at graduation time, each individual can influence the course of his career.

What each of you here today who is about to embark on a career in Pharmacy must do in order to realize his maximum potential as a human being—a person in his own right—and as a pharmacist, is to perform that rarest of man's activities: objective self-analysis leading to the decision of what one's life goals shall be.

This decision is one of the most difficult to make. But once we are sure of these goals, the next essential act is easier to achieve. This is sitting down after careful thought and actually putting down in writing a master plan: a series of steps; one step, logically leading to the next; which will lead toward the ultimate goal which we have set for ourselves. Here the wise young person can seek the aid and guidance of those whose experience, character and achievements entitle them to advise others.

Now to get specific after what may have sounded like mere theories to you.

How does this affect the young graduate in Pharmacy?

I wish to emphasize with all the force at my command that the very future of Pharmacy as a free, independent profession depends upon what you and every young pharmacist **chooses** to do in 1963 and the years immediately following.

Do you want a **true** profession of Pharmacy? Do you want to practice as a **pharmacist**, putting into use the great body of scientific knowledge and the professional skills inculcated during our long, hard years in pharmacy school?

It is up to **you** then. Direct your careers to establishments that emphasize the **professional** services of the pharmacist, not the exploitation of the precious license of the pharmacist.

In community pharmacies, the professional area **can** be stressed; the merchandising aspects can be minimized.

If you and your generation will stand fast and immunize yourselves against the lure of a few extra dollars which may be blandished before your eyes, you will achieve your goals.

Remember, no pharmacy can be conducted without men and women who have your indispensable certificates. Do not dig your own professional graves by thinking you will only temporarily work for those who exploit your license in discount houses, super-markets and giant emporiums masquerading as pharmacies.

Do not put yourselves in the position of having to admit ten or twenty years from now: "If I had not sold my professional birthright for a few dollars, these slick promoters would not have converted pharmacists into mere time-clocks punching numbers, using prescriptions as bait and loss-leaders."

To help you achieve the professional status pharmacists are entitled to, your professional pharmaceutical associations stand eager to serve you in every way humanly possible within their resources.

Follow the example of the overwhelming majority of successful pharmacists who conscientiously and effectively serve the needs of their clientele and their communities—join, support and participate in the activities of your local, state and national pharmaceutical societies.

On the state-wide level, **your** society is the Maryland Pharmaceutical Association. **All** pharmacists are eligible for full, active membership. I hope you will keep before you the words of Elihu Root:

> "In the modern world it is only through the power of organization that men of any calling can exert their proper influence in the community."

We welcome you in our ranks. We need the benefits of your youth, new ideas, vigor and ideals.

On behalf of the Maryland Pharmaceutical Association and the Baltimore Metropolitan Pharmaceutical Association, I extend sincere best wishes and congratulations. Our doors are open to you at all times.

I look forward to having each one of you as a co-worker in the profession of Pharmacy—a noble calling that seeks to assure proper pharmaceutical services for all people.

---

*Delivered to the Senior Class, University of Maryland School of Pharmacy, May 31, 1963.

SPOTLIGHT PRODUCT OF THE MONTH

CUTEX

Featured in all BMPA Stores

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"Over 60 Years Service To Baltimore Druggists"

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Our telephone order girls are quick, efficient, courteous. They are expertly trained and well informed concerning every product your store handles. Here at Gilpin we consider each of them a specialist in every way. They sincerely appreciate your "turn-over" orders, too!

Henry B. says, *"These 'extra-value Services' are created to fill the needs of the Pharmacist:"*

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- Pharmaceutical Service Center
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*Deceased

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C. Wilson Spilker, Board Advisor
Robert B. Kettlewell
Thomas F. Mullen
Francis J. Watkins

Volume 21 JUNE, 1963 No. 7

T.A.M.P.A. NEWS

SPRING LADIES DAY

The Annual Spring Ladies Day of TAMPA was held on Saturday, May 4, 1963. The luncheon meeting was at the Garden Room of Blue Crest North in Pikesville and was most enjoyable.

An excellent turnout of 70 was present. Each lady attending received two favors. Mrs. Janet W. Taylor of Stieff Silver was the guest speaker and presented a most interesting film on Williamsburg.

Among the guests were President Read's daughter and son-in-law; Mr. and Mrs. Nathan I. Gruz and Mr. and Mrs. Sam Jeppi.

PRE-CONVENTION LUNCHEON

TAMPA's Pre-Convention Luncheon was held at Bernie Lee's Penn Hotel in Towson on June 1st. President Read and Chairman Cornmesser reviewed Convention entertainment arrangements.

Victor H. Morgenroth, Jr., President, and Nathan I. Gruz, Executive Secretary of the Maryland Pharmaceutical Association, were present to outline the program of the Convention at the Colony Hotel, Atlantic City, New Jersey.

1964 CONVENTION
SHELBURNE HOTEL
ATLANTIC CITY, N.J.
JUNE 29, 30, JULY 1, 2

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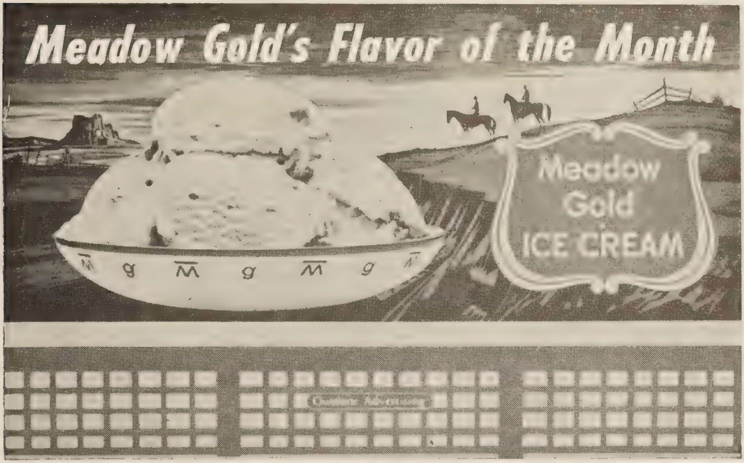
Meadow Gold's Flavor of the Month
Meadow Gold ICE CREAM
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Now! The Greatest Outdoor Advertising Campaign in MEADOW GOLD History!

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Strategically located all over town featuring the "Flavor of The Month", month after month for a full year!

*

Tie-in with this great promotion! Feature the MEADOW GOLD "Flavor of The Month" and CASH-IN with bigger sales!

Announcing

The APhA Public Education Awards

recognizing the best individual and organizational efforts to tell pharmacy's story to the public

Each year, the American Pharmaceutical Association recognizes the individual pharmacist and organization whose public education programs are judged most effective in demonstrating the direct relationship between the pharmacist and better community health. The awards consist of a cash prize of $500 and an expense-paid trip to the Annual Meeting of the American Pharmaceutical Association, where the presentation is made.

This year's entries (17 individual, 9 organizational) were judged by William L. Blockstein, chairman of APhA's public relations committee, and a panel of four experts in the fields of pharmacy and public relations: Edward J. Doherty, John T. Fay, Frank Pinchak and Ward B. Stevenson.

Sponsored by Pfizer Laboratories, the American Pharmaceutical Association Public Education Awards are America's highest recognition of achievement in pharmaceutical public relations.

A brochure outlining the rules for prospective entries in 1963 is available on request from: American Pharmaceutical Association, Division of Communications, 2215 Constitution Ave., N.W., Washington 37, D.C.

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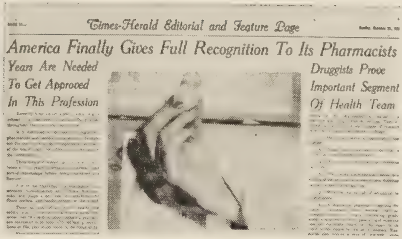
Pfizer *Science for the world's well-being®*

PUBLIC EDUCATION AWARDS COMPETITION WINNER
NORTH CALIFORNIA PHARMACEUTICAL ASSOC.

(left to right): J. Harris Fleming, Pfizer Laboratories; Ronald Shewfelt, Secretary, Northern California Pharm. Assn.; and Dr. George F. Archambault, President, Amer. Pharm. Assn.

the 1962 winners!



Times-Herald Editorial and Feature Page

America Finally Gives Full Recognition To Its Pharmacists

Years Are Needed To Get Approved In This Profession

Druggists Prove Important Segment Of Health Team

ORGANIZATION: Northern California Pharmaceutical Association

The Northern California Pharmaceutical Association used radio programs and public-service spot announcements, and an hour-long television documentary. Editorials, news stories and weekly articles on pharmacy were placed in newspapers. A speakers bureau was also used to good effect.

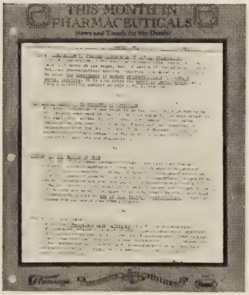
In their joint statement the judges stated, "The winning entry was comprehensive, well-planned, and capable of producing measurable results. Of great importance is the dual nature of the program, being first directed to the members of the organization in an attempt to motivate and inform them properly."

Exhibits were displayed at the 1963 Annual Meeting of the American Pharmaceutical Association, May 12-17, Bal Harbour, Florida.

INDIVIDUAL: Pharmacist Morris Fleming, Norfolk, Nebraska

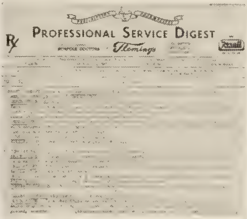
Mr. Fleming's program included weekly newspaper advertisements—*Apothecary Notes*—covering such topics as diabetes, oral polio vaccine, tuberculosis, poison prevention, drug cost and research. In addition, he published a *Professional Service Digest* for the physician, and *This Month in Pharmaceuticals* for the dentist.

Of this entry, the judges said, "The winning entry offered a single and direct approach with measured impact to well-defined publics. Applying individuality to established technics, this program for a community pharmacy achieved clear results with economy of effort."



THIS MONTH IN PHARMACEUTICALS

News and Trends for the Dentist



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Fleming's

PUBLIC EDUCATION AWARDS COMPETITION
INDIVIDUAL WINNER - MORRIS FLEMING
Apothecary Notes

Dr. George F. Archambault, President, Amer. Pharm. Assn. (left) and Morris Fleming, Norfolk, Nebraska

Baltimore Metropolitan Pharmaceutical Association

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FERDINAND F. WIRTH, JR.	JACOB L. RICHMAN

Ex-Officio—FRANCIS S. BALASSONE

PRESIDENT'S MESSAGE

Baltimore Metropolitan Pharmaceutical Association

Our "Let's Fight Back Together" program is going strong. If you have not received your public relations kit containing a window streamer, which is a replica of the Transit Bus poster, and the new B.M.P.A. decal, notify our Secretary, Nathan I. Gruz, at once.

Another first for the B.M.P.A. is a *Crab Feast* that will be held at Hendler's Shore, Harlequin on the Severn, on Thursday, August 15th. Many awards will be given. Plan to attend. Get your tickets from the officers of B.M.P.A. or T.A.M.P.A.

We moan the fact that the public does not respect us as professional people. Do we deserve their respect? What is the personal appearance of the pharmacist in the store?

Respect yourself and your customers will respect you.

The professional look isn't just pride—it is good business too. It holds customers confidence and establishes your store as the place to go for all home health needs.

Act professional—look professional—be professional. It pays.

Sincerely,

AARON M. LIBOWITZ
President

FORGET

Forget the hasty, unkind word,
Forget the slander you have heard,
Forget the quarrel and the cause,
Forget the whole affair, because,
Forgetting is the only way,
Forget the storm of yesterday,
Forget the knocker and the sneak,
Forget the bad days of the week,
Forget you're not a millionaire,
Forget the grey streaks in your hair,
Forget to even get the blues . . .

BUT DON'T FORGET TO PAY YOUR
DUES.

(Reno Elk's Call)

BETTER INVENTORY CONTROL
is an investment in
BETTER BUSINESS

It's just good sense and good business to make certain that the inventory *you think you have,* is the inventory *you do have.* Any variance between your thinking and the facts can often cost you a great deal of money.

With customers being constantly bombarded by "hard-Sell" competitive promotions, the retail store that carries the right kind of inventory is usually the store that does the best selling job.

To do this, you must not only know what you have, but *you must know it all the time,* so you can effectively predict both your current and seasonal merchandise requirements.

That is why you must never take your inventory for granted. You may have *less of what you need* — and *more of what you don't want.* One way to be informed is to keep your inventory control up to date through periodic inventory checks by MANGINI & ASSOCIATES.

MANGINI & ASSOCIATES is an independent inventory organization with over 25 years of experience among 3,000 active retail accounts. MANGINI guarantees detailed accuracy and fast, confidential service . . . it's your assurance of *better business through better inventory control.*

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NEWS ITEMS . . . . . .

FDA Head Explains New Drug Laws

The Food and Drug Administration is increasing the flow of scientific information to the medical professions under the Kefauver-Harris Drug Amendments of 1962 to stimulate research and increase public protection, Commissioner George P. Larrick said. This will be accomplished through professional organizations and journals and occasionally by letters mailed directly by FDA to members of the professions.

The Commissioner called the Kefauver-Harris Drug Amendments enacted last Fall "the most comprehensive modernization of the national drug laws in a generation. The amendments will without doubt be a model for drug legislation in much of the world," he added.

The new legislation has two fundamental aims—to improve the reliability of drugs and to improve communication of information about these drugs, their side effects and contraindications as well as their advantages.

He predicted that the new law will likewise contribute to better and more effective drug research.

He said the drug sponsor must be sure tests on man are justified before he may begin trials on man. Then he must advise the Food and Drug Administration of adverse reactions during trials and after the drug is marketed under an approved New Drug Application.

However, Mr. Larrick warned, "The most careful pre-market testing cannot be expected to reveal as much about a drug as does widespread use of the product in general practice." While the manufacturer or sponsor of a drug must now advise the Government promptly of adverse reactions that come to his attention, he may not receive reports of some very significant observations on a new drug.

"You doctors, dentists, pharmacists and nurses can render both public service and service to your professions by taking the time to report significant adverse effects or unusual effects of drugs and devices to your professional associations and to the Food and Drug Administration," the Commissioner said.

Calling for the help of medical and other scientific professions to implement the new legislation, Commissioner Larrick declared: "We pledge to you and other members of our great health professions the full support of the Food and Drug Administration. And we solicit your advice and support in our efforts to assure the integrity of the drugs and devices you use." He added, "We expect in the future to advise you more fully than we have in the past of significant developments in our area."

The Commissioner said that the Nation has developed an entirely new and more efficient battery of instruments, drugs and techniques in the fields of medicine and dentistry over the past 20 years. "The present decade, 1960-1970," he said, "will see even greater expansions of medical, dental and pharmaceutical research. It will see the application of new, more efficient techniques to deal with chronic as well as infectious processes."

Mr. Larrick said that as newer medicines, devices and techniques are developed, there must be assurance that they have been properly manufactured, properly tested and truthfully promoted. The patient, he said, must have confidence not only that his doctor, dentist, pharmacist and nurse are competent, but also that the tools and drugs they use are safe. "It is here that the medical professions and the Food and Drug Administration have their closest relationship," he said. "We are dependent upon each other."

Revolutionary in Concept!

THE FIRST

MID-ATLANTIC
DRUG, COSMETIC AND GIFT SHOW

sponsored by the

BALTIMORE METROPOLITAN PHARMACEUTICAL ASSOCIATION

August 20, 21, 22, 1963

3:00—11:00 P.M.

At the Beautiful, Luxurious Blue Crest North
401 Reisterstown Road, Baltimore 8, Md.
In Pikesville

Be Wise! Buy Wise! Buy at **Your** Association Show . . . Support Your Association and Help Yourself. Make your plans to atend and BUY at **your** SHOW.

—PRIZES GALORE—

Convenient to Beltway—Free Parking.
Free Refreshments and Hors d'oeuvres by Bluefeld.

Under the new legislation, Mr. Larrick said, FDA can offer assurance that drugs shipped in interstate commerce have been proved safe and effective. He said further legislation is being considered to offer the same assurance with respect to therapeutic devices.

Speaking of truthful labeling of medicines and devices, the Commissioner said that the kind of quackery that used to be peddled from the back of a covered wagon is decreasing. Instead, he said, "We are confronted with sophisticated types of misrepresentation which involve subtle, apparently scientific presentations designed to mislead informed consumers as well as members of the medical profession. . . . "

FDA, he said, will need the continued strong support of the health professions to deal with these problems.

Correction Notice—Blue Cross Coverage

The notice in the May 1963 issue of the Maryland Pharmacist on page 622 was incorrect. It should read as follows: Children reaching the age of 19 remain on their parent's coverage until December 31st of the year they are 19. Children marrying before age 19 will be removed from their parent's coverage the first of the month following their marriage.

The National Association of Credit Management at its meeting in Toronto, Canada, elected George T. Brian, Jr., as vice president. Mr. Brian is a vice president of Noxzema Chemical Company of this city. He will serve the association in its eastern division. Mr. Brian, educated at Cornell, Johns Hopkins University and the University of Baltimore, teaches a course in credit management at McCoy College of the Hopkins. He is a member of a number of business and civic associations of Baltimore.

Poliovirus Vaccine,Live, Oral, Trivalent-Orimune Sabin Strains, Types 1, 2, and 3

Lederle has just received the first license to manufacture and sell ORIMUNE Trivalent. The packages are as follows:

10 dose vial (2 drops per dose)
5 x 1 dose (2 cc per dose)

Minimum shipment direct from Lederle 6 X (5 X 1 dose) packages.

Minimum shipment direct from Lederle 6 X 10 dose packages.

These package styles are preferred by most physicians since they are convenient and reduce the chance of wasted vaccine.

The advantages of ORIMUNE Trivalent over presently available monovalent polio vaccine are:

1. Two (2) doses required instead of three (3). Saves time and money.
2. Reduce chance of incomplete immunity.
3. Practical dosage form for booster dose when required.

Lederle states: "For you, the pharmacist, ORIMUNE Trivalent offers these additional advantages:

1. Less freezer storage space required.
2. Lower and less complicated inventories required.
3. Quicker turnover."

Product Information

The Upjohn Company
Kalamazoo, Michigan

New Package Sizes

ADEFLOR CHEWABLE** 0.5 mg.
(Formerly ADEFLOR PLUS*)
Now available in bottles of 500
Also available in bottles of 50
ADEFLOR PRENATAL*
Now available in bottles of 500
Also available in bottles of 100

New Strength

ADEFLOR CHEWABLE** 1.0 mg.
(Formerly ADEFLOR PLUS*)
Available in bottles of 50 and 500

---

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**Trademark

50 TABLETS
CHILDREN'S
CHEWABLE
ASPIRIN
ALUMINUM
CHILDREN'S
CHEWABLE
ASPIRIN
ALUMINUM
TO CLOSE, PRESS SIDES

Why would anyone pay 10¢ more for this children's aspirin?

Aspirin is aspirin—to anyone but a youngster. To him, the little things—flavor, color, sweetness, aftertaste—seem very important indeed. Especially if he isn't feeling well.

This new children's aspirin from Abbott is just a little more pleasant for him to take.

The difference can be expressed in one word: Aluminum. Most aspirins are formulated as an acid. The Abbott aspirin is presented as the neutral aluminum salt. Result: (1) Stability is enhanced (2) The cherry flavor is protected (3) There is little or none of the acid stomach upset often caused by ordinary aspirin.

This flavor advantage was very clearly pointed up in a series of tests at a major children's hospital. The new, cherry-flavored tablets were preferred 3 to 1 over the other leading children's aspirins.

Finally, there's the safety cap—probably the best one in your store. Difficult for children to remove, the snap-action cap is easily opened and closed by adults once they know the secret.

Suggested price for this new product: 49¢ for 50—about a dime more than other well-known brands. But see if a parent ever switches back—once you've sold the one with aluminum.

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Exhibit at Convention of Medical and Chirurgical Faculty of Maryland

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Left to right: Victor H. Morgenroth, Jr., President, M.P.A.; Jerome Mask; Samuel Sheller; Stephen J. Provenza, Chairman, Professional Relations Committee; Nathan I. Gruz, Executive Secretary, M.P.A. & B.M.P.A.

President Morgenroth participated in the program by leading a Round Table Luncheon discussion on "The Fee Concept in Prescription Pricing".

Secretary's Activities

Nathan I. Gruz, Executive Secretary of the Maryland Pharmaceutical Association and Secretary of the Baltimore Metropolitan Pharmaceutical Association, was elected to the Executive Committee of the National Conference of State Pharmaceutical Association Secretaries at the group's annual meeting at the recent American Pharmaceutical Association Convention. He was also appointed to the Nominating Committee of the Metropolitan Pharmaceutical Association Secretaries.

President Gillespie of the American Pharmaceutical Association has announced Mr. Gruz's appointment to the Board of Canvassers of the A.Ph.A.

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MARYLAND

Left to right: George Reier, University of Maryland, College Park; Jay Connor, Centreville; Miss Sharon Legg, North Dorchester; M. David Richman, University of Maryland.

Careers In Pharmacy Activities In Maryland

In Maryland activities to encourage interest among young people in pursuing a career in pharmacy has been carried on by the Careers in Pharmacy Committee of the Alumni Association of the University of Maryland, School of Pharmacy, and the Maryland Pharmaceutical Association.

The Careers in Pharmacy Committee, under Chairman H. Nelson Warfield, has made a total of 92 visits to high schools throughout Maryland in the period from 1956 through 1962. During the past year one hour programs were presented to five high schools. Also participating were Dean Noel E. Foss, Dr. Francis M. Miller and Dr. C. T. Ickniowski.

The highlight of this effort was the participation in a Health Careers Fair in Easton, Maryland, in May. Local pharmacists, headed by Thomas M. Payne, arranged for the inclusion of an exhibit booth for Careers in Pharmacy. The Maryland Pharmaceutical Association provided an attractive ten foot display with signs, as well as pamphlets, to be distributed. Two graduate students, George Reier and M. David Richman, were assigned to the booth and were on duty from 9:00 A.M. to 9:00 P.M. The pharmacists of Easton also took part. More than 2500 students, their teachers and parents, as well as the general public from the Eastern Shore of Maryland attended. The Eastern *Star Democrat* published a full page newspaper article on this outstanding event.

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Prince Georges-Montgomery County News

PAUL REZNEK, Secretary

The annual summer get together of the members and friends of the Association was held Wednesday, July 17th, at Jimmy's Crab House, Landover, Md. Crabs, Maryland, were consumed by the bushel and a grand time was had by all.

William A. Cooley, newly elected President of the Maryland Pharmaceutical Association, will attend the first fall meeting to be held in September.

The Program Committee, under the chairmanship of Gerald Dechter, has arranged for the 9th annual dinner dance to be held at the newly renovated Prince Georges Country Club, Landover, Maryland, Wednesday, October 23, 1963.

Glad to say that N. W. Chandler is up and back to work after a stay at the Prince Georges General Hospital. Chan was taken ill after returning from the Convention.

Following are greetings to the Convention by Paul Reznek, Secretary:

"Mr. President, members and guests of the Convention:

"I bring you greetings from the Prince Georges - Montgomery County Pharmaceutical Association, representing our President, Mr. D. J. Vicino, who is unable to be here today.

"Personally, it is a pleasure to be here. I've wanted to attend our State Convention for so long a time—well, I finally made it. It's great to be here.

"I am pleased to announce that our Association has become a member of the Metropolitan Pharmaceutical Assocation Secretaries. Happy to inform you that the past year we have had the greatest number of dues paid members in the history of our organization.

"You may be assured of the continued cooperation and support of the Prince Georges - Montgomery County Pharmaceutical Association towards making for a great state organization—the Maryland Pharmaceutical Association.

"In closing I would like to read for the record our President's message in the June 1963 issue of the Bi-County Pharmacist. Thank you very much."

"President's Paragraph"

I appreciate this opportunity afforded me to communicate with the members and friends of the Prince Georges-Montgomery County Pharmaceutical Association.

As I assume the office of President of the Prince Georges - Montgomery County Pharmaceutical Association, my first thought is naturally on the honor you have seen fit to bestow on me. Then I soberly realized the great responsibility as President of an organization that is comparatively still young in years but has accomplished so much in so short a time for Pharmacy in our twin counties. Not only must I maintain a record so well established, but I must be prepared to face up to the future problems and issues confronting pharmacy.

I dedicate myself to these aims.

With that in mind, I solicit the cooperation of the membership and trust those who are not members will join the fold. For the sake of unity and accomplishments, in numbers there is strength, in strength there is progress.

Our association is now engaged in organization for the ensuing year. We welcome your suggestions, we welcome your participation, we welcome your support.

Please do not hesitate to call on me personally, or our able secretary at any time.

Sincerely,

NICK"

Salvatore J. Latona has just been elected a member of the Board of Directors of the Washington Wholesale Drug Exchange, Washington, D. C.

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A.Z.O. News

By Milton Stewart

Paul Pumpian, B.S., L.L.B., Secretary of Wisconsin State Board of Pharmacy, was awarded the A.Z.O. Achievement Award at the 43rd Annual National Convention of the Alpha Zeta Omega Pharmaceutical Convention held in Detroit in July. Harold M. Goldfeder, Supreme Directorum, made the award.

Mr. Pumpian is the first inducted A.Z.O. Frater to achieve the award. He is a graduate of the University of Maryland School of Pharmacy (1950) and the Law School (1953). He was inducted into the Kappa Chapter of Baltimore as an undergraduate student at the School of Pharmacy. From 1953 to 1956 he was an Assistant Professor and Chairman of the Department of Pharmacy Administration at his Alma Mater.

As Supreme Directorum of the fraternity for the past year, Harold Goldfeder saw many new projects started. To mention a few: National AZO Blood Assurance program; AZO Pharmacy Seminar programs; National AZO Visiting Professor Lecture program .

The Epsilon Chapter, Rutgers University, sponsored a AZO breakfast at the New Jersey Pharmaceutical Association Convention held last month in Atlantic City. Attending from Pi Chapter, Washington, D. C., were Harold Goldfeder, Morton J. Schnaper and Paul Reznek.

The newly elected directorum of the Pi Chapter, Washington, D. C. is Milton Stewart. Several of the outstanding activities of the past year were the second annual Seminar held at the Washington Hospital Center; a testimonial dinner for Supreme Directorum Harold Goldfeder and the annual Scholarship Awards Dinner Dance.

Columbia Pharmacy Dean Cautions Science Writers on Generic Names

A symposium on medical writing and scientific communication sponsored by the Metropolitan New York Chapter of the American Medical Writers' Association and the **New York State Journal of Medicine,** held in New York, featured Dr. H. Emerson Leuallen, dean of the College of Pharmacy, Columbia University, who spoke on "The Problems of Generic Names."

Describing the question of generic terminology as "a dividing wedge between elements of the pharmaceutical profession, and one in which physicians and other health workers are becoming increasingly involved" Dean Leuallen expressed the "hope for a solution which, in effect, is simply a preservation of the time-honored principles of property rights and freedom of choice."

Speaking as a member of a panel which under the heading of "Terminology Limited" reviewed the place of medical words in the atomic age, their internationalization and how best to transmit the medical message to the public, Dr. Leuallen concluded that "1) trademarks, as valuable assets in a free enterprise system, deserve to be preserved in pharmacy. 2) Generic names serve the useful purpose of relating products and providing a common name. 3) Physicians now have the right to prescribe by generic name, or by trademark name; they should continue to have that right. 4) On the evidence of laboratory and clinical data, one cannot assume the therapeutic equivalency of products containing the same generic drug."

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Everyone Will Enjoy The N.A.R.D. Convention

Designed especially to please the ladies, an enjoyable and exciting entertainment program is planned for the 65th annual Convention of the National Association of Retail Druggists to be held in Chicago October 6th to 10th, reports Philip Sacks, General Chairman.

To date the ladies' program includes the fabulous, world heralded, long awaited movie, CLEOPATRA, starring the lovely, talented and much talked about star, Elizabeth Taylor and her co-stars Richard Burton and Rex Harrison; through the courtesy of ELI LILLY & CO.; luncheon at the Sherman House; luncheon and style show at the Morrison Hotel.

Mrs. Carl M. Johnson, General Chairlady of Ladies Activities and her co-chairladies, assisted by a number of hostesses from all over the metropolitan area of Chicago, will greet the ladies and make every effort to see that they have an enjoyable time in Chicago.

The hard working gentlemen of the C.R.D.A., on the Convention Committees, are arranging an unusual program of entertainment as a means of relaxation after the many business meetings during the day. Plans for the meetings are now in the process of being completed.

The Convention entertainment will officially open on Sunday evening, October 6 with a "get-together-nite" at Sherman House, featuring an outstanding orchestra and entertainment.

Monday nite as is the usual custom, will be the night to honor and greet the official family of the N.A.R.D. at the President's Reception and Ball, to be held at the Pick-Congress Hotel.

Tuesday night will feature the Ruth Page Chicago Opera Company Ballet, sponsored by G. D. SEARLE & CO., at the Medinah Temple.

Wednesday night, again at Medinah Temple, ABBOTT LABORATORIES will sponsor a night of music featuring Heidi Krall, American Soprano; Charles K. L. Davis, Tenor; Wanda Paul, Concert Pianist; a Symphony Orchestra, under the direction of Guest Conductor Jerzy Boganowski.

Thursday night will feature a Variety Show at Medinah Temple; something unusual and different as a climax to the Convention.

There will be Buses from the official Convention Hotels in Chicago's Loop to beautiful and fabulous McCormick Place, the scene of the Convention meetings and the Drug Show and return at regular intervals, courtesy of E. R. SQUIBB & SONS.

Sherman House, in the heart of Chicago's Loop, will be the Headquarters for the Convention.

Allegany-Garrett Counties Pharmaceutical Association

OFFICERS FOR 1963-64

President	Francis L. Judy
Vice President	Samuel Wertheimer
Secretary-Treasurer	William W. Resser

Executive Committee: C. Murray Allen, Chairman; George Wagner, James E. McMichael, Henry J. Glick, Robert Tomsko.

The Allegany-Garrett Counties Pharmaceutical Association held its Annual Meeting on June 5, 1963 in Cumberland. C. Murray Allen, Chairman, presided.

Highlights of the meeting were officers and committee reports and nomination and election of officers for 1963-1964. Nathan I. Gruz, Executive Secretary of the Maryland Pharmaceutical Association, spoke of the work of the State Association during the past year and outlined current problems in Pharmacy which were of major concern. The importance of local grass roots pharmaceutical organizations in developing a strong state pharmaceutical association was stressed.

The meeting concluded with refreshments.

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now there are two great 3-drink dispensers.

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The new Dole Pacer looks like the famous Dole Director. But there's a difference:

The Pacer is an ice-cooled dispenser, designed for use where there is a ready source of ice and pre-cooled carbonated water.

The Director utilizes mechanical refrigeration and is available with a built-in carbonator, if desired.

One of them is exactly right for you! Either of them can help you increase total refreshment sales . . . and give you more profits per square foot.

For further information, see your representative for Coca-Cola, or write: Manager, Vending and Equipment, Fountain Sales Dept., The Coca-Cola Company, P. O. Drawer 1734, Atlanta 1, Georgia.

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Quality Stabilization Law Possible in 1963

The Quality Stabilization Bill has been introduced in both Houses of the Congress.

There are 26 sponsors of the Bill—11 Senators and 15 Representatives including Maryland Congressman Samuel N. Friedel of the 7th District.

The Bill is known as S. 774 in the Senate and H.R. 3669 in the House.

H.R. 3669 has been approved by the House Interstate & Foreign Commerce Committee.

In 1962, Maryland's pharmacists sent hundreds of telegrams and letters and a few visited their legislators. Many of you did nothing.

VICTORY for Quality Stabilization can only be achieved by everyone of you DOING YOUR PART and by getting your relatives, friends, neighbors and other businessmen to join the fight.

Congress will pass QUALITY STABILIATION if convinced that their constituents need and want it.

If you really want the enactment of the Quality Stabilization Bill to bring reason to the market place, to stop predatory price-cutting, to outlaw loss-leaders, and to restore orderly marketing and confidence in quality—then you MUST:

Write - Wire - Telephone - Visit Your Congressman.

Maryland Congressmen

Districts

#1	Rogers C. B. Morton
#2	Clarence D. Long
#3	Edward A. Garmatz
#4	George H. Fallon
#5	Richard E. Lankford
#6	Charles McC. Mathias, Jr.
#7	Samuel N. Friedel
	(Carlton R. Sickles (Congressman-at-Large

Address: House of Representatives, Washington, D.C.

ACT TODAY!

Quality Stabilization Bill

"We believe that the consuming public is entitled to a fair choice between quality brand goods and other competing goods," Walter N. Kuntz, Jr., President of the National Wholesale Druggists' Association told the members of a subcommittee of the House Committee on Interstate and Foreign Commerce holding hearings on the "Quality Stabilization Bill".

"The public is denied a fair choice if some distributors can use with impunity the quality brand goods as bait for the sale of other goods and thereby destroy the distributors of quality goods," Kuntz said.

Distributors who deal only in quality brand products are forced out of business when the prices for such products are depressed to uneconomic levels by bait merchandisers. As the quality brand distributors disappear the distribution of quality products is seriously impaired and the consumer's selection is limited to those goods which the bait merchandiser chooses to promote and carry in stock.

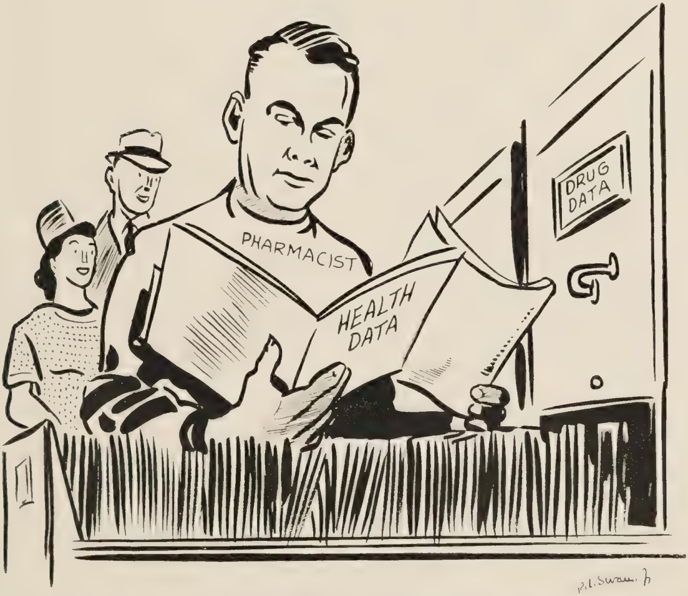
The products of the drug industry, which are exemplary of high quality, are frequently selected for misuse as bait. Indeed some large bait merchandisers use their entire drug department as a traffic builder. But the problem is by no means confined to the drug industry. The famous brands of many other industries also are exploited, Kuntz noted.

The predatory merchandisers are destroying the market for quality brand products. The wholesale drug industry is an example. The members of the National Wholesale Druggists' Association are efficient wholesalers, using the best modern equipment and business methods. They perform an essential function in the distribution of goods. Wholesaling is their business and they do it well, Mr. Kuntz said.

"However, last year the members of the National Wholesale Druggists's Association had an average net profit after taxes of 1.5% of sales. This was the industry's poorest performance since the depression days of 1935. Why? The reason is quite plain. Our business is based upon the distribution of a full line of quality brand merchandise. The bait merchandisers, however, are making the proper handling of such merchandise unprofitable," Kuntz noted.

"The public needs and demands a full line of quality goods. I cannot imagine how the public will get them if there is no incentive for manufacturers to make them and for wholesalers and retailers to distribute them," Mr. Kuntz stated.

"The Quality Stabilization Bill would help our members as distributors of quality brand products and will help other segments of our economy as well," Kuntz added. And in conclusion Mr. Kuntz said, "We urge favorable action on this Bill, not only on behalf of the members of the National Wholesale Druggists' Association, but on behalf of the social and economic welfare of the country as a whole."



ONE WAY TO MAKE YOUR PHARMACY A "HEALTH INFORMATION CENTER"
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F.D.A. Warning

Dr. Ralph G. Smith of the Bureau of Medicine of the Federal Food and Drug Administration, has issued the following memorandum:

"Contraindications and Side Effects of Certain Opthalmic Preparations"

"Recent information gathered by the Medical staff of the Food and Drug Administration with the assistance of a number of outside medical experts shows a need to warn physicians of certain contraindications to and side effects in the OPHTHALMIC use of TOPICAL CORTICOSTEROID PREPARATIONS, including their COMBINATIONS WITH ANTIMICROBIAL drugs.

1. The following are the **"contraindications"**:
   a. acute herpes simplex, vaccinia, varicella, and most other viral diseases of the cornea and conjunctiva;
   b. tuberculosis of the eye;
   c. fungal diseases of the eye;
   d. acute purulent untreated infections of the eye, which, like other diseases caused by microorganisms, may be masked or enhanced by the presence of the steroid. Purulent conjunctivitis and purulent blepharitis are not indications, but contraindications for topical steroid or steroid-antibiotic combinations. If conjunctivitis and blepharitis are listed as indications, they should be qualified as non-purulent, not purulent.
2. The following are two important **"side effects"**:
   a. extended use of topical steroid therapy may cause increased intraocular pressure in certain individuals. It is advisable that intraocular pressure be checked frequently;
   b. in those diseases causing thinning of the cornea, perforation has been known to occur with the use of topical steroids.

All manufacturers of TOPICAL CORTICOSTEROID PREPARATIONS and STEROID ANTIMICROBAL COMBINATIONS intended for OPHTHALMIC use have been requested to revise the labeling and advertising of these preparations to include warnings concerning the above contraindications and side effects."

Pharmaceutical Services in Nursing Home Guide Published

A guide booklet, the first of its kind, is now available for meeting the need of assuring full and proper pharmaceutical services in America's nursing homes.

Titled "A Guide for Pharmaceutical Services in the Nursing Home," the booklet is the result of joint efforts by the American Pharmaceutical Association, the American Society of Hospital Pharmacists and the American Nursing Home Association, with the assistance of the U. S. Public Health Service. Single copies are available at no charge from any of the organizations. Quantity prices are available on request.

The 31-page booklet is "designed for use by both the pharmacist and the nursing home administrator so that each might better understand the scope of the other's responsibilities and thereby be of greater value to each other. This publication might well find its greatest use as the basis for seminars and workshops sponsored jointly by nursing home and pharmaceutical organizations," the preface notes.

This was one of the motivating factors in the resolution adopted by the APhA House of Delegates May 17 urging pharmacists to familiarize themselves with the booklet and for state and local pharmaceutical associations to consider seminars and conferences with the nursing home associations.

Subject covered in the booklet include: Nursing Homes—census of nursing homes, regulations, patients, staffs,

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care financing, patient care, programming principles, state laws and regulations; Classification of Drugs—laws, narcotics, prescription legend drugs, non-prescription legend drugs, investigational drugs; Professional Personnel—prescriber, dispenser and the administration of drugs; Pharmaceutical Services—variations in service, order procedure, labeling and packaging, storage, discontinued medications, physical facilities and equipment, procurement of supplies, sources of drugs, self-medication, pharmacist's responsibilities.

World U.S. Center for Pharmacist Exchange Program Established At Columbia Pharmacy College

The United States headquarters for the exchange of pharmacists has been established at the College of Pharmacy, Columbia University, under the auspices of the International Pharmaceutical Students Federation.

The main objectives of this rapidly expanding activity, says Mr. Jesse Samuels, U. S. liaison secretary, are "to promote the international exchange of ideas and to further international understanding by correspondence, visits and exchanges of students and pharmacists." Mr. Samuels attended the VII Annual Pharmacy Students' Congress in Munich, Germany, in 1961 as Columbia College of Pharmacy's representative.

The Secretariat is arranging for host pharmacists or pharmaceutical associations to sponsor foreign pharmacists and pharmacy students in this country. This year's sponsors include the North Carolina Hospital Pharmacists' Society, Dr. Don Francke of the American Pharmaceutical Association's Hospital Pharmacy organization, the Columbia College of Pharmacy and as well as other pharmaceutical associations in Arizona, New York and Delaware.

APhA Members Approve By-Laws Change To Make House More Representative

APhA active and life members voting have overwhelmingly approved a By-Laws amendment giving affiliated organizations and APhA subdivisions greater representation in the House of Delegates. R. David Allen, chairman of the APhA Board of Canvassers, announced June 7, that a tally of ballots showed 7,404 votes for the change and 150 against.

Copies of the APhA Constitution and By-Laws containing the proposed amendments were mailed April 18 for a vote by May 18.

The House change makes that body more truly representative of the members of the Association in that organizations affiliated with the APhA, as well as APhA's subdivisions (Sections and Local Chapters), will be entitled to a number of delegates on the basis of

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proportionate representation—one delegate and one additional delegate for each 200 members or major fraction thereof.

Organizations recognized by APhA will be entitled to two delegates.

After January 1, 1964, each organization in the House will be officially notified of the number of delegates it will be entitled to at the 1964 Annual Meeting.

21 Day Jet Tour of Israel and Europe

The Maryland Pharmaceutical Association presents a 21 Day Jet Tour of Europe visiting Israel, Italy, Switzerland, France — directed by Herman Kling, Ph.G. $1,091.00 All Inclusive from New York, departing September 22, 1963.

This special tour which is open to all pharmacists and their friends and famillies, provides round trip Jet air transportation via TWA, and travel arrangements by American Express Company including sightseeing, transfers between hotels and airports, hotels, meals, gratuities, baggage handling, multi-lingual tour escort and guide, etc. All of this at a reduced rate which offers a saving of $377.00 on transportation alone!

A golden opportunity to experience a unique and wonderful trip, and acquire lifetime friends. Make your reservations **now!**

Departure will be from New York. Pick up connection may be made from Baltimore's Friendship Airport.

For details contact: Herman Kling, Tour Organizer, Maryland Pharmaceutical Association, 650 West Lombard St., Baltimore, Md. or phone: BR. 6-9659.

Killed-Virus Measles Vaccine Effective

Three doses of killed-virus measles vaccine triggered the immune response in a high percentage of measles-susceptible children, a conference of clinical investigators revealed. The vaccine, produced by Eli Lilly and Company, was said to have the advantage also of a very low incidence of reactions, nearly all of a mild nature.

A summary of data on five potent, consectively produced lots showed that antibody responses to the three-dose schedule were evoked in all but a few individuals, the range being from 95 percent to 98.2 percent of the children inoculated.

Eighty-three clinical investigators have studied the vaccine in a total of approximately 8,000 children. Twenty-eight of the clinicians attended the conference in the Drake Hotel June 5 and ten read papers.

The vaccine is produced from the Edmonston strain of attentuated live measles virus grown in chick-embryo tissue culture, inactivated with formaldehyde solution, and concentrated for increased potency by adsorption on aluminum phosphate,.

Physicians Choose Prostaphlin, Sansert and Sabin Oral Polio Vaccine As Most Significant Drugs Of 1962

Prostaphlin, Sansert, and the third Sabin oral polio vaccine were chosen in a poll of physicians as the most significant drugs introduced in 1962, it was reported in FDC Reports, a weekly drug-industry newsletter.

The poll is conducted annually to rate new drugs by **Medical Research Digest**, a Washington, D.C., publication which is mailed to 60,000 physicians in the United States. It asks doctors to vote (1) for the drugs they consider to be the most significant advance in medical therapy, (2) the drug most useful in their own practice, and (3) the drug most effective in easing the course of illness from the patient's point of view.

Prostaphlin is an oral synthetic penicillin that is effective against resistant staph infections. Sansert is indicated in the treatment of vascular headaches, and the new oral polio vaccine is effective against one form of polio.

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Lady Borden fully meets the demand for a PREMIUM ice cream of extraordinarily high quality. And we DO know the demand exists.

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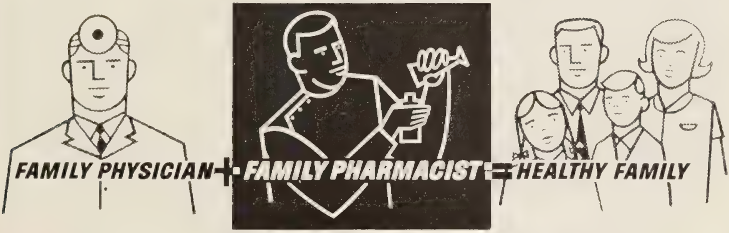
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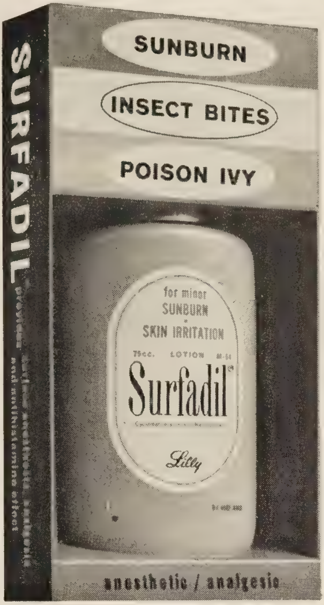
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The Maryland Pharmacist

— NATHAN I. GRUZ, Editor —

Volume XXXVIII JULY, 1963 No. 10

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The Maryland Pharmacist is published monthly by the Maryland Pharmaceutical Association, 650 W. Lombard Street, Baltimore 1, Md. Subscription price $5.00 a year. Entered as second class matter December 10, 1925, at the Postoffice at Baltimore, Maryland, under the Act of March 3, 1879.

Editorial . . . . . .

Efficient Drug Distribution

In recent months the effects of "net pricing practices" are being felt more and more by links in the chain of efficient drug distribution.

In the past, drug distribution in the main relief upon the proven advantages of manufacturer - wholesaler - retailer chain of distribution. Today the pattern looks a great deal different as more and more manufacturers have added direct distribution in addition to wholesaler distribution. At the same time new pricing practices have often trimmed the profit margins for wholesalers so that they were placed in a competitive disadvantage.

The change to net pricing seems to reflect an effort by the drug manufacturer to place the burden of reducing consumer drug prices on others in the chain of distribution. The main burden of reducing drug costs is now being carried by the drug wholesalers and smaller independent pharmacists.

Net pricing means that retail pharmacists must assume a considerable portion of the drug wholesaling function.

The drug wholesaler suffers because necessary profit cannot be obtained by stocking slow moving items and filling occasional emergency orders when the supply from the manufacturer has not arrived in time for the retailer's needs.

The independent pharmacist suffers as more capital is tied up in inventory and more storage space is needed. The wholesaler's services of credit, counsel, prompt delivery, information and so forth are no longer available.

In order to justify direct purchasing, retailers are forced to expand. Drug manufacturers in effect are encouraging "bigness" in the retail drug field. The result can only be a backfiring on drug manufacturers as many will turn to private brands and, in the case of large organizations, into manufacturing itself.

Chaos in distribution can be the outcome of this development.

Drug manufacturers have a duty to share the lowering of drug costs to consumers with wholesalers and retailers. In the long haul, manufacturers will find that the welfare of pharmacists and wholesalers coincide with their interest.

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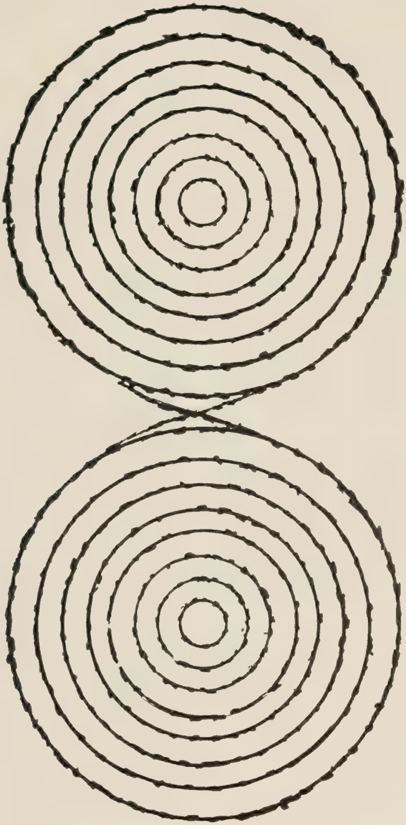

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President's Message . . . . . .

Dear Fellow Members:

As your new President for the coming year, my first message is one of thanks to all of the pharmacists in our State for allowing me this privilege and honor.

In my address at the Convention, I stated that we would devote much thought and effort to prescriptions under the Medical Care Program. With the cooperation of all concerned, there is every reason to hope for a successful conclusion of this program this year.

Next, let us work to bring the Quality Stabilization Legislation to a successful enactment this year, this bill can be the salvation of many pharmacies who have to contend with ruthless competition.

This year and others to come are going to be very important, and your Association is going to need your support. So please join and help with your dollar support if you can't give of your time.

Your officers have already held one meeting to discuss ways and means to bring about our objectives for this coming year. You will be kept informed of our progress as the year goes by.

Your President and Officers want to work for you, so if there are any suggestions don't hesitate to let us know. With your help we can be an effective unit working for the good of all.

Again thanks for this honor.

Sincerely,

WILLIAM A. COOLEY
President

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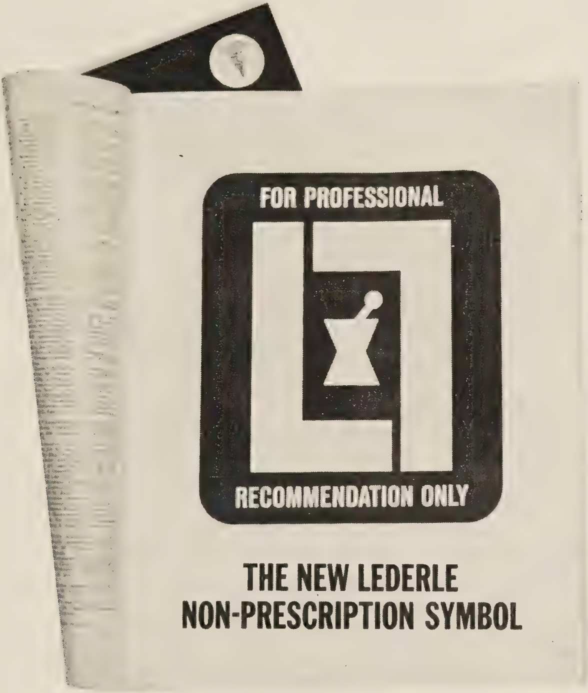

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Secretary's Script . . .

A Message from the Executive Secretary

Your Association is arranging two important programs to assist pharmacists in meeting some of the critical issues facing them today.

First, the Fall Regional Meeting on October 17th at Peter Pan, Urbana, Md. will be devoted to pharmacist employer-employee relations. The moderator of the panel discussion will be Roger Cain, Director of the Membership Division of the American Pharmaceutical Association. The viewpoints of both employer and employee pharmacists will be presented.

Second, the Second Simon Solomon Pharmacy Economics Seminar will be held on Thursday, November 14th. Qualified speakers on pharmacy management and business problems will present material which will assist pharmacists in their management and merchandising problems.

Reserve these dates now and mail your reservations in when you receive your notices in the mail.

National Pharmacy Week will be observed October 6-12, 1963, on the theme of "Family Physician plus Family Pharmacist equals Healthy Family". Window streamers will be available for all members and you are all urged to install professional window displays. You benefit in enhancing your professional image while your display may win a state or national prize.

Finally, if you have not recently contacted your senators and congressmen on behalf of Quality Stabilization, do so TODAY.

Sincerely,

Nathan I Gruz

Executive Secretary

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Support Your Professional Associations

Local – State – National

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Why do prices vary between drugstores for the same prescription?

What is the difference between brand-name and generic-name drugs?

How much have prescription prices gone up in relation to other items?

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The Representatives are able to select from a substantial repertoire of speeches dealing with recent medical and health progress, pharmaceutical research, mental health and related subjects.

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Drug Store Changes

July, 1963, Affecting Registered Pharmacies In Maryland

New

Stanel Drugs, Inc., t/a Beacon Pharmacy, Room 519, Glen Burnie Mall, Glen Burnie, Maryland. Elwin H. Alpern, Secty.-Treas.

Sutton Place Pharmacy, Harvey E. Basik, Prop., 1111 Park Avenue, Baltimore 1, Maryland.

Change In Ownership, Corporation, Etc.

Read Drug and Chemical Company of Baltimore City, 6317 York Road, Baltimore 12, Maryland. (Formerly: Sun Ray - Drumcastle).

Hart Drug, Patuxent Drug, Inc., David R. Vasper, President, 14-16 North Coral Place, Lexington Park, Maryland (Formerly: Dart Drug Company)

Metro Drugs of Southern Maryland, Inc., Harold M. & Leo Goldfeder, Props., t/a and formerly known only as Metro-Riverdale Drugs, #5, 6222 Baltimore Avenue, Riverdale, Maryland.

Metro Drugs of Southern Maryland, Inc., Harold M. & Leo Goldfeder, Props., t/a and formerly known only as Metro-Patrick Drugs, #1, 5620 Kenilworth Avenue, East Riverdale, Maryland.

Metro Drugs of Southern Maryland, Inc., Harold M. & Leo Goldfeder, Props., t/a and formerly known only as Metro Drug Store, Route 301 and Charles Street, LaPlata, Maryland.

Metro Drugs of Waldorf, Inc., Harold M. & Leo Goldfeder, Props., t/a and formerly known only as Metro Drug Store #11, Routes 301 and 5, Waldorf, Maryland.

Metro Drugs of Marlboro, Inc., Harold M. & Leo Goldfeder, Props., t/a and formerly known only as Metro Drug Store, #6, 4009 Main Street, Upper Marlboro, Maryland.

Closed

Davidov's Pharmacy, The Edmondson Drug Company (Israel M. Ruddie, Pres.) 5300 Edmondson Avenue, Carroll Station 29, Maryland.

Riviera Pharmacy, Inc. (Emil Quasney, Jr., Pres.,) 17 Fort Smallwood Rd., Riviera Beach, Maryland.

Oldfield Pharmacy, Frank Zerofsky, Prop., 8008 Liberty Road, Woodlawn 7, Maryland.

Suitland Pharmacy (Solomon W. Greenberg, Prop.), 4692 Suitland Road, E.E., Suitland, Maryland.

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It is the source of power.
Take Time TO PLAY . . .
It is the secret of perpetual youth.
Take Time TO READ . . .
It is the fountain of wisdom.
Take Time TO PRAY . . .
It is the greatest power on earth.
Take Time TO LOVE and BE LOVED . .
It is a God-given privilege.
Take Time TO BE FRIENDLY . . .
It is the road to happiness.
Take Time TO LAUGH . . .
It is the music of the soul.
Take Time TO GIVE . . .
It is too short a day to be selfish.
Take Time TO WORK . . .
It is the price of success.

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Contributions . . . . . .

Butyl Stearate And Other Oil-Like Materials

By B. F. Allen, Ph.D.*

Fatty acids, which account for 90 per cent of the molecule of most natural fats are the most important factors that regulate the nature of the fats. Fatty acids of high purity are now available and they have found wide application in research.

The fatty acid esters of low molecular weight alcohols have been used somewhat extensively in a variety of formulations. Among the outstanding examples of this group is butyl stearate.

This material is manufactured from butyl alcohol and stearic acid in presence of mineral acid. It is usually water-white to light straw color liquid at ordinary room temperature (melting point approximately 20° C.). One part of butyl stearate will mix with 19 parts of acetone, without showing turbidity or precipitation. Water dissolves 0.2 per cent of this substance at 25° C. It is also soluble in alcohol and ether.

Being a stable oil-like ester, butyl stearate has been used extensively in waterproof coatings, and in lacquers to make the film water repellent, resistant to scratching and allowing a high polish (on account of its waxy nature).

It has also been used to some extent in the preparation of vanishing creams as indicated in the following formula: stearic acid 23 parts, glycerin 7 parts, potassium hydroxide 1 part, sodium hydroxide 0.1 parts, butyl stearate 2 parts, water 66.9 parts, and perfume. This product rubs in well into the skin producing the characteristic nice feeling associated with butyl stearate.

A cosmetic grade of butyl stearate is available and described as a highly purified, deodorized, decolorized material which is non-irritating to the skin, and primarily for use in preparations for topical application.

Suggested applications for this cosmetic grade include the following: as a greaseless liquid emollient in hand lotions; to accelerate wetting and dispersion of bromo acids and pigments in lipstick compositions; in hair conditioning preparations to impart softness and sheen; in nail enamels and enamel removers to counteract drying effect of solvents; in pharmaceutical ointments to enhance therapeutic effectiveness of medicinal ingredients.

A "dipping method" for the extemporaneous enteric coating (Composition: butyl stearate 45 parts, carnauba wax 30 parts, and stearic acid 25 parts) of a capsule appears to be effective and practical for use in a community pharmacy.

The use of esters in enteric coating formulas is not new. It has been well established that esters with typical fat-like structures are resistant to the action of gastric contents and are readily hydrolyzed in the intestine. Esters that have a typical wax-like structure are resistant to the action of the intestinal contents.

Butyl stearate is neither a typical fat nor a typical wax. However, it was found to behave as a typical fat. It is resistant to the action of gastric contents and is readily hydrolyzed by the intestinal contents into butyl alcohol and stearic acid.

The non-toxic properties of stearic acid have been well established and it appears that butyl alcohol is also non-toxic in the quantities formed from the butyl stearate in enteric coating.

---

* University of Maryland, School of Pharmacy.

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Butyl myristate solubilizes lanolin, lanolin alcohols, cholesterol, silicone oils, sun screens, perfumes, hexachlorophene and medicinal agents.

A U.S. Patent describes a means of dissolving mineral, vegetable and animal oils in low molecular weight alcohols by the use of certain coupling solvents. These solvents are ethyl, propyl, isopropyl, butyl or amyl esters of lauric, myristic, stearic, oleic, linoleic or ricinoleic acids. The clear solution may consist of 20 to 50 per cent of the oil to be solubilized, 20 to 50 per cent of the low molecular weight alcohol, and 5 to 20 per cent of the ester or mixture of esters. Numerous cosmetic applications are suggested for these solutions.

Laboratory tests (by a manufacturer) indicate that purified grades of methyl myristate, methyl palmitate and mixed carbon-16 to carbon-18 methyl esters[b] have definite possibilities for use in the cosmetic field (pre-electric shave lotions, bath oils, after shave lotions, hand lotions). They impart the same, smooth feel to the skin as do isopropyl myristate and isopropyl palmitate. An independent laboratory has indicated that they are non-irritating and have no allergenic reaction based on their tests. Also available are the following esters: methyl laurate, oleate and linoleate.

Ethyl fatty acid esters prepared from common vegetable oils have been available for a long period of time. However, recently, the following novel and interesting ingredients have been publicized for use in cosmetics: ethyl kelonate (ethyl ester of turtle oil), ethyl morrhuate (ethyl ester of cod liver oil), ethyl perseate (ethyl ester of avocado oil), ethyl olive-oleate (ethyl ester of olive oil), ethyl lauroleate (ethyl ester of laurel noble oil) and ethyl linollinoleate (ethyl ester of vitamin F).

Their properties are listed as follows: colorless, water clear, odorless, neutral, very fluid, rapidly absorbed by skin, and soluble in oils and alcohol.

Ethyl ricinoleate (ricinoleic acid occurs in castor oil) is an ingredient (5.5 grains/fl. oz.) in a complex oral emulsion (Karicin-Merrell) which is used for intestinal disturbances.

A so-called Vitamin F 99 ointment is a European product containing ethyl esters of linoleic and linolenic acids.

A material entitled octadecanol myristate is reported to be more lubricating than the isopropyl fatty acid esters, and more emollient to the skin. Also, it does not attack plastics as do the isopropyl palmitate or myristate. This substance has a near 0° C. chill point and is alcohol soluble as well as fat and oil miscible. It is a good solvent for bromo acids (bromo derivatives of fluorescein used as lipstick dyes, indelible type).

A colorless and odorless liquid, alkyl myristate is being offered to the trade. It is somewhat more viscous than isopropyl myristate and somewhat less so than cosmetic mineral oil. It is completely miscible with castor oil and propylene glycol, but does not give a clear solution with ethyl alcohol. Also, it has less adverse effect on plastics than isopropyl myristate.

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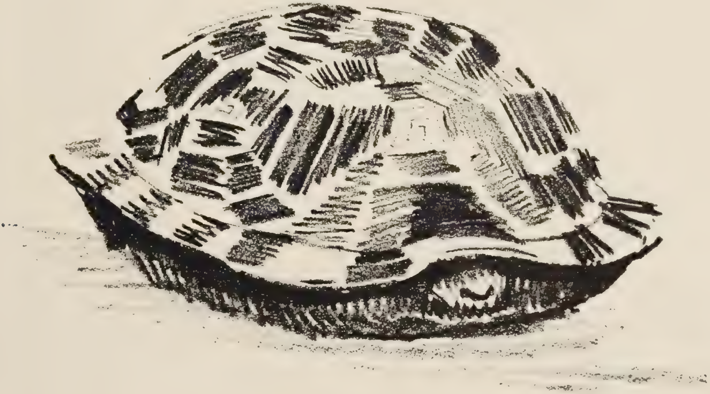
[a] Marketed as BUMYR by Robinson-Wagner Co., Inc., Mamaroneck, N.Y.

[b] Palmitic acid is a carbon-16 compound, stearic acid is a carbon-18 compound.



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The compound is oily in nature, spreads easily on the skin and is absorbed to some extent to leave a residual film which gives the skin a feeling of suppleness and smoothness. It is suggested for use in cold creams, foundation creams and also in non-aqueous products such as lipsticks and eye makeup.

Isopropyl linoleate, an essential fatty acid ester, is suggested as an additive to topical preparations intended to counteract dryness of skin, nails, and hair. Creams containing 1.5 to 2.0 per cent of this substance have exhibited a beneficial effect on dry, chapped and fissured skin.

Anti - dandruff preparations, foot salves, shaving creams and suntan oils are among the products said to benefit from the addition of small proportions of essential fatty acids and their derivatives. They have also been proposed for use in lipsticks as protection against possible dryness or irritation caused by dyes.

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President—H. SHEELER READ
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Third Vice President—ALFRED E. CALLAHAN
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Assistant Sec.-Treas.—MILTON J. TIMIN

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Chairman, Edwin M. Kabernagel, Jr.

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B. Dorsey Boyle	Frederick H. Plate	Bernard A. Appel
C. Wilson Spilker	Robert Tobias	Swen Justis

*Deceased

MARYLAND PHARMACIST COMMITTEE

George M. Brandt, Chairman
Robert B. Kettlewell
Francis J. Watkins
C. Wilson Spilker, Board Advisor
Thomas F. Mullen

Volume 21 JULY, 1963 No. 8

T.A.M.P.A. Officers Elected for 1963-64

The Nominating Committee of T.A.M.P.A., consisting of Richard R. Crane, Edwin M. Kabernagel, Jr. and Joseph L. Muth, submitted the following report:

It was our unanimous decision that the following serve as officers and members of the Board of Directors for the year 1963-64.

H. Sheeler Read, Chairman; James A. Allen, Honorary President (Posthumously); John G. Cornmesser, President; Alfred E. Callahan, 1st Vice President; Herman Bloom, 2nd Vice President; Frederick H. Plate, 3rd Vice President.

Board of Directors

Howard L. Dickson, Frank J. Slama, Robert A. Williams, Bernard A. Appel, Swen Justis, Kenneth L. Whitehead, William A. Pokorny, Alan L. Settler, Robert Tobias.

John A. Crozier, Secretary-Treasurer; William L. Grove, Assistant Sec.-Treas..

Respectfully submitted,
Joseph L. Muth, Chairman

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Baltimore Metropolitan Pharmaceutical Association

OFFICERS 1963

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3rd Vice President—MARION R. CHODNICKI
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Treasurer—CHARLES E. SPIGELMIRE
Treasurer Emeritus—FRANK L. BLACK

EXECUTIVE COMMITTEE

Chairman--JEROME J. CERMAK

Still Serving 1 year	Elected for 2 yr. term.
JOSEPH L. OKRASINSKI	DONALD O. FEDDER
MORRIS SHENKER	WILLIAM Y. KITCHIN
MYER STOLER	JOSEPH H. MORTON
FERDINAND F. WIRTH, JR.	JACOB L. RICHMAN

Ex-Officio—FRANCIS S. BALASSONE

PRESIDENT'S MESSAGE

Baltimore Metropolitan Pharmaceutical Association

The Association office, as well as your president, receives innumerable telephone calls and written messages from pharmacists in the greater Baltimore area requesting information and assistance. We try to meet every request to the satisfaction of all concerned.

In recent years the B.M.P.A. has been able to progress by providing services, information, guidance and by working and fighting in the best interest of pharmacy. In order to do a better job, especially in public relations for proprietors of pharmacies, we have embarked on an expensive public relations program with bus card advertising. This is in addition to radio programs and talks before clubs.

If we are to continue this worthwhile program, we need the support of every pharmacist. Remember your dues are only nominal compared to the services performed. If you have not joined your fellow pharmacists, mail your dues in promptly. Our fight has just begun!

National Pharmacy Week, October 6-12th, will receive full publicity. The B.M.P.A. conducts a professional window display contest with awards open to those who have not won prizes in the past five years. In addition, all entries are eligible for the state-wide contest conducted by the Maryland Pharmaceutical Association.

There are two important events I would like to urge all of you to attend in addition to the regular meetings and functions of the B.M.P.A. First is the N.A.R.D. Convention October 6-10th in Chicago and second is the Maryland Pharmaceutical Association Fall Regional Meeting at Peter Pan Inn, Urbana (near Frederick) on October 17th.

Sincerely,
AARON M. LIBOWITZ
President

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LOCAL, STATE, NATIONAL

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AND SCORE A HIT . . .

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Daniel Loughran Company, Inc.

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Contributors To The 1963 Convention

The firms and others listed below have contributed cash and merchandise to the 81st Annual Convention of the Maryland Pharmaceutical Association held at the Colony Resort Motel, Atlantic City, New Jersey, June 24, 25, 26, 27, 1963. The cash contributions were used to provide the entertainment features of the Convention, and the merchandise was distributed as prizes at the meetings and various functions of the Convention. Both played an important role in the outstanding success of the Convention. It is with grateful appreciation the Association acknowledges their generous contributions.

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The wise dealer who stocks either Abbotts or Jane Logan deluxe ice cream in his store finds his cash register drawer always lined—and filled—with silver coins of the realm. And, remember, green bills from silver coins do grow!

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Injectable (amps.) 5s ☐ 25s ☐

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McCourt Label Cabinet Company
Mack Publishing Company
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The Mentholatum Company
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National Pharmaceutical Mfg. Co.
Norex Laboratories, Inc.
The Norwich Pharmacal Company
Noxzema Chemical Company
Organon, Inc.
Owens-Illinois Glass Company
Paper Mate Company, Inc.
Paramount Photo Service Company
Park & Tilford
Parke, Davis & Company
Pearson Pharmacal Company, Inc.
Pepsi Cola Company
Pharmacraft Laboratories
Pharm Index
Philip Morris
Lydia E. Pinkham Medicine Company
Pro-Phy-Lac-Tic Brush Company
Purepac Corporation
E. B. Read & Son Company
B. C. Remedy Company
Resinol Chemical Company
Revlon, Inc.
Sayman Products Company
Schering Corporation
Julius Schmid, Inc.
Sea Breeze Laboratories, Inc.
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Counselors, Consultants . . . today's salesman is labeled many things. Gilpin's salesmen have come a long way since over a century ago, when they carried trunks filled with samples of sponges, bristle goods and fancy items. They quoted prices from their catalogues of crude drugs, oils, chemicals, roots and herbs and proprietary medicines. The vogue in salesmanship in those days included a good yarn and the Gilpin men maintained a full stock of them, too.

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NEWS ITEMS . . . . . .

Meet The President

WILLIAM A. COOLEY

William A. Cooley of Cumberland, native of Havre de Grace, was elected President of the Maryland Pharmaceutical Association for 1963-64.

He operates Cooley's Pharmacy in Cumberland, which presents a modern, efficient appearance inside and out. "Bill" Cooley has combined the best features of a general community pharmacy and professional pharmaceutical practice in his pharmacy. He received his Ph.G. degree from the Milton College of Pharmacy.

Like most pharmacists who have gained eminence in their communities, Mr. Cooley has been active in a host of civic, fraternal and service organizations. He is a member of the Cumberland Rotary Club, as well as the Chamber of Commerce.

His lodges include OHR Lodge No. 131 A.F. and A.M., Scottish Rite, Tall Cedars of Lebanon, Ali Ghan Temple A.N.O.S. and B.P.O. Elk No. 63.

The new president has long supported the pharmaceutical organizations — local, state and national. He has been recognized for his devotion to his profession by election as president of the Allegany-Garrett Pharmaceutical Association. He has served on the Executive Committee and as vice president of the Maryland Pharmaceutical Association. In the M.P.A. he has dedicated a great deal of time and effort as Chairman of the Special Medical Care Prescriptions Committee. In addition he has served as Convention Chairman of the highly successful 1963 Convention and has been active in membership solicitation and the Constitution and By-Laws Committee.

Mr. Cooley is also a member of the American Pharmaceutical Association and National Association of Retail Druggists.

Mr. Cooley and his wife, Phyllis, are members of St. Paul Luthern Church and the Cumberland Country Club.

Pfizer Laboratories Announces Availability Of New Polyvalent Influenza Vaccine

Pfizer Laboratories announced that it is taking orders for polyvalent influenza vaccine incorporating two new virus strains.

The company said that a number of studies showed that absentee rates among industrial workers were "insignificantly" lower among those employees receiving the influenza vaccine than among those unvaccinated during the epidemics of 1951 and 1960 and of the pandemic of 1957.

In addition, Surgeon General Luther Terry stated in 1961 that the vaccine was 70 per cent effective in preventing the disease. At that time, he pointed out that the vaccine might have pre-

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PACE
OF
SUMMER
SALES
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FAST MOVING PRODUCT
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PROFITS UP TO
54.6%*

ARE YOURS WITH THIS SOPRONOL BONUS DEAL

†propionate caprylate compound, Wyeth

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POWDER
For Athlete's Foot

Use this attractive SOPRONOL counter display to increase your volume.

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buy	free	2 oz.	5 oz.	2 fl. oz.	1 oz.	4 oz.
116	28	53.1%	54.6%	53.1%	53.1%	52.8%
60	12	51.5%	53.1%	51.5%	51.5%	51.1%
21	3	49.1%	50.7%	49.1%	49.1%	48.7%
11	1	46.7%	48.4%	46.7%	46.7%	46.3%

*Based on minimum direct order $50.00 when sold at R.F.T.

Wyeth®

Wyeth Laboratories Philadelphia 1, Pa.

vented 60,000 of the 86,000 extra deaths that occurred during flu epidemics from 1958 to 1961.

According to the National Tuberculosis Association, the company added, people with tuberculosis, emphysema or other respiratory disease, heart trouble, diabetes, or other chronic diseases should be vaccinated. Others who should receive vaccination on a yearly basis include persons in older age groups (over 45 years of age, especially persons over 65 years of age). Pregnant women should also receive the vaccine routinely.

LAMPA Officers

The following members of the Ladies Auxiliary of the Maryland Pharmaceutical Association were elected at the Annual Convention to serve as officers for the year 1963-64:

Honorary President	Mrs. Frank Block
President	Mrs. Norman J. Levin
1st Vice President	Mrs. Milton Friedman
2nd Vice President	Mrs. Frank Slama
3rd Vice President	Mrs. Stephen J. Provenza
Recording Secretary	Mrs. Charles J. Neun
Corresponding Secretary	Mrs. Richard R. Crane 6007 Eurith Ave., Baltimore 6, Md.
Treasurer	Mrs. Albert Rosenfeld
Membership Treasurer	Mrs. Samuel P. Jeppi

Directors

Mrs. Samuel I. Raichlen, Chairman
Mrs. Jack Serpick
Mrs. Noel Foss
Mrs. Manuel Wagner
Mrs. C. Edward Pfeifer
Mrs. George M. Schmidt, Elkton, Md.
Mrs. James A. Parker, Silver Spring, Md.
Mrs. Edward T. Maisenhalder, Bel Air, Md.
Mrs. William A. Cooley, Cumberland, Md.
Mrs. Charles S. Austin, Honorary Board Member
Mrs. Frank Block, Historian

Prince Georges—Montgomery County Pharmaceutical Association News

Officers 1963-64

EXECUTIVE COMMITTEE

President	Dominic J. Vicino
1st Vice President	Gerald Y. Dechter
2nd Vice President	Melvin J. Sollod
3rd Vice President	Saul Greenberg
4th Vice President	Richard D. Parker
Secretary	Paul Reznek
Treasurer	Richard Bayliss

Elected to 3 year terms: W. L. Brunnett, J. A. I. Parker, Paul Fenton.

Elected for 1 year term: Al Lawson, Norman Stein.

Incumbent members: A. W. Braden, Herman Taetle, Gabriel E. Katz, N. W. Chandler.

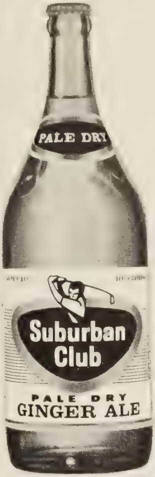
Representation on the Executive Committee of the Maryland Pharmaceutical Association from each District is based upon the number of M.P.A. members. With extra effort representation could be increased from four to five men on the Executive Committee.

Program Chairman Jerome Dechter arranged for Secretary F. S. Balassone of the Maryland Board of Pharmacy to discuss the pharmacy laws passed in 1963 at the September 11th meeting at the Langley Park Hot Shoppe. William A. Cooley of Cumberland, President of the Maryland Pharmaceutical Association, was invited to extend greetings to the membership.

The "Bi-County Pharmacist" continues to serve as an excellent communications medium for the Association. The support of all members is urged.

The Prince Georges Country Club has been reserved for the Annual Dinner Dance on Wednesday, October 23rd.

Instant refreshment
...just add thirst!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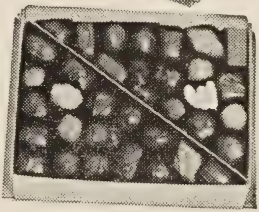

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Announcing

The APhA Public Education Awards

---

recognizing the best individual and organizational efforts to tell pharmacy's story to the public

---

Each year, the American Pharmaceutical Association recognizes the individual pharmacist and organization whose public education programs are judged most effective in demonstrating the direct relationship between the pharmacist and better community health. The awards consist of a cash prize of $500 and an expense-paid trip to the Annual Meeting of the American Pharmaceutical Association, where the presentation is made.

This year's entries (17 individual, 9 organizational) were judged by William L. Blockstein, chairman of APhA's public relations committee, and a panel of four experts in the fields of pharmacy and public relations: Edward J. Doherty, John T. Fay, Frank Pinchak and Ward B. Stevenson.

Sponsored by Pfizer Laboratories, the American Pharmaceutical Association Public Education Awards are America's highest recognition of achievement in pharmaceutical public relations.

A brochure outlining the rules for prospective entries in 1963 is available on request from: American Pharmaceutical Association, Division of Communications, 2215 Constitution Ave., N.W., Washington 37, D.C.

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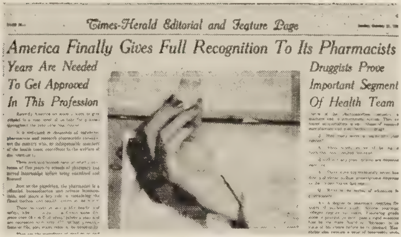
PUBLIC EDUCATION AWARDS COMPETITION WINNER
NORTH CALIFORNIA PHARMACEUTICAL ASSOC.

(left to right): J. Harris Fleming, Pfizer Laboratories; Ronald Shewfelt, Secretary, Northern California Pharm. Assn.; and Dr. George F. Archambault, President, Amer. Pharm. Assn.

the 1962 winners!



Times-Herald Editorial and Feature Page

America Finally Gives Full Recognition To Its Pharmacists

Years Are Needed To Get Approved In This Profession

Druggists Prove Important Segment Of Health Team

ORGANIZATION: Northern California Pharmaceutical Association

The Northern California Pharmaceutical Association used radio programs and public-service spot announcements, and an hour-long television documentary. Editorials, news stories and weekly articles on pharmacy were placed in newspapers. A speakers bureau was also used to good effect.

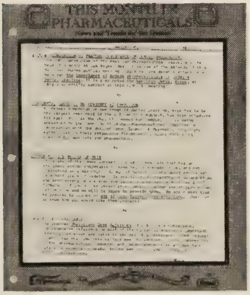
In their joint statement the judges stated, "The winning entry was comprehensive, well-planned, and capable of producing measurable results. Of great importance is the dual nature of the program, being first directed to the members of the organization in an attempt to motivate and inform them properly."

Exhibits were displayed at the 1963 Annual Meeting of the American Pharmaceutical Association, May 12-17, Bal Harbour, Florida.

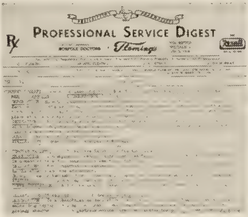
INDIVIDUAL: Pharmacist Morris Fleming, Norfolk, Nebraska

Mr. Fleming's program included weekly newspaper advertisements—*Apothecary Notes*—covering such topics as diabetes, oral polio vaccine, tuberculosis, poison prevention, drug cost and research. In addition, he published a *Professional Service Digest* for the physician, and *This Month in Pharmaceuticals* for the dentist.

Of this entry, the judges said, "The winning entry offered a single and direct approach with measured impact to well-defined publics. Applying individuality to established technics, this program for a community pharmacy achieved clear results with economy of effort."



THIS MONTH IN PHARMACEUTICALS



PROFESSIONAL SERVICE DIGEST

Flemings

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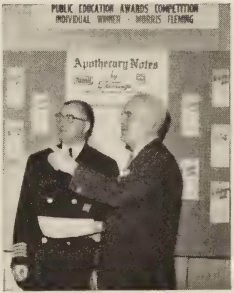

PUBLIC EDUCATION AWARDS COMPETITION
INDIVIDUAL WINNER · MORRIS FLEMING
Apothecary Notes
by

Dr. George F. Archambault, President, Amer. Pharm. Assn. (left) and Morris Fleming, Norfolk, Nebraska

OFFICERS OF THE MARYLAND PHARMACEUTICAL ASSOCIATION 1963-64

Left to right: Nathan I. Gruz, Executive Secretary; Milton A. Friedman, 4th Vice President; Morris R. Yaffe, 3rd Vice President; Solomon Weiner, 1st Vice President; Victor H. Morgenroth, Jr., Chairman, Executive Committee; William A. Cooley, President; Alexander J. Ogrinz, Jr., 2nd Vice President; John F. Wannenwetsch, Honorary President & Treasurer Emeritus; Morris Lindenbaum, Treasurer.

APhA Pharmacy Health Education Center National Survey Underway

The U.S. Public Health Service Grant to the American Pharmaceutical Association for a national survey to evaluate the community pharmacy as a Health Education Center is officially underway.

A questionnaire was mailed in July to some 8,000 pharmacies across the nation to assist National Analysts in making a national random sampling of the 360 pharmacies that will eventually be selected to participate in the national survey. The questionnaire asks for the number of pharmacists (including owners and partners) practicing on a full-time basis in the pharmacy; the number of non-pharmacist employees (including all sales people but no clerical, delivery and cleaning staff) employed on a full-time basis in the pharmacy; and the percentage of dollar volume of prescription medication and related health items as compared with the total dollar sales volume of the entire pharmacy.

In the signed letter, APhA Executive Director William S. Apple states, "The completion of this questionnaire in no way obligates the pharmacy to further participate in this program. However, prompt attention to the return of this questionnaire will show that pharmacists are interested in determining how they can better serve the public."

Acknowledgment

The officers and members of the Maryland Pharmaceutical Association gratefully acknowledge the great devotion and efforts of Herman and Leo Bloom who took the Convention photographs. Their services were provided courtesy of the Paramount Photo Service.

Convention Speakers . . .

Panel: "PATTERNS OF PRESCRIPTION DRUG DISTRIBUTION."
Left to right—Joe R. Watkins, Manager Customer Relations, E. R. Squibb & Sons; Norman J. Levin, Immediate Past President, M.P.A. (Moderator); Harry A. Kimbriel, Executive Vice President, National Wholesale Druggists Association; Gerald M. Slade, Director Trade Relations, Warner-Chilcott Laboratories.

Panel: "PHARMACY—FACTS, FACETS AND FUTURE."
Left to right—Harry J. Knox, President, Medical Data Services, Inc.; Dr. Roy A. Bowers, Dean Rutgers University, College of Pharmacy; Dan Rennick, Editor American Druggist; Henry R. Steinhaus, Community pharmacist, Kansas City, Mo.

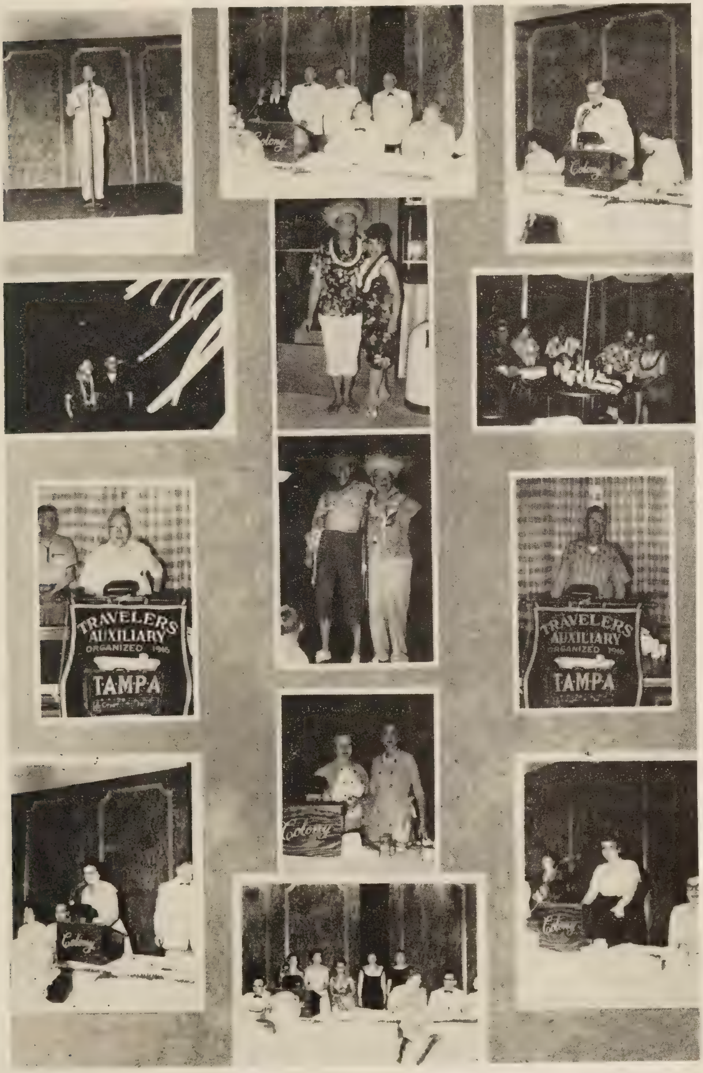
Left to right, top to bottom: Noel E. Foss; Victor H. Morgenroth, Jr.; Nathan I. Gruz; Francis S. Balassone; John F. Wannenwetsch; Milton A. Friedman; Stephen J. Provenza: Simon Solomon; Leonard Rosenstein, President, New Jersey Pharmaceutical Association; Norman J. Levin; Charles E. Spigelmire; Irving I. Cohen; Herman B. Drukman; Frank Block; Samuel Wertheimer; Morton J. Schnaper; Solomon Weiner; Jerome Mask: B. Olive Cole; William A. Cooley; Henry G. Seidman; Morris R. Yaffe; and Paul Reznek.

Convention Hi-Jinks . . .

VIC MORGENROTH NI

T.A.M.P.A. & L.A.M.P.A. FEATURES

CONVENTION HIGHLIGHTS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FDA Issues Revised New Drug Regulations

The Food and Drug Administration announced revised "New Drugs" regulations to carry out provisions of the Kefauver-Harris Drug Amendments of 1962, which require that new drugs must be shown effective as well as safe before being marketed.

Chief among these changes are provisions to expedite final FDA action when an applicant protests a refusal to file a New Drug Application as inadequate or incomplete; to allow a maximum of 15 days instead of 5 days for submitting reports on unexpected side effects or reactions from new drugs; and to expedite hearings upon a summary suspension of an approved drug on a finding of imminent hazard to health.

The "New Drug" regulations among other things prescribe procedures for submitting applications for FDA approval of new drugs; the types of investigations which must be made to establish safety—and now effectiveness—of new drugs; other information necessary as a part of the New Drug Application; and records which must be kept and reports which must be submitted regarding distribution of an approved drug and experience with it.

Following is a summary of some of the major changes made in existing regulations to implement the 1962 Amendments:

1. *Effectiveness of New Drugs.* The regulations and the application form are revised to incorporate requirements for a showing of effectiveness as well as safety. These regulations complement those published on January 8, 1963, covering investigational drugs and spelling out the kind of information to be submitted. The clinical data must be adequate to support a reasonable conclusion by qualified experts who conduct controlled investigations that the drug will be safe and will have its intended therapeutic effects. The required information includes all reports received or otherwise obtained by the applicant concerning the drug or any relevantly related drug when the reports are "pertinent" to an evaluation of the safety and effectiveness of the drug.

Except where the disease for which the drug is being tested occurs with such infrequency in the U.S. as to make testing impractical, some of the investigations should be performed by competent investigators within this country.

If all requirements are met, FDA will affirmatively approve the application. Previously, an application could become "effective" automatically if FDA did not prevent it within time limits specified in the law.

No new drug may be approved for marketing if its labeling is found false or misleading.

2. *Hearings.* If FDA considers a New Drug Application clearly not approvable, the applicant will be notified "promptly" of its nonfiling and the reason.

If the applicant disputes the finding that his application is incomplete or inadequate, he may make a written request to file the application over protest. In this event, the application will be reevaluated, and within 30 days of the request FDA will either approve the application or give the applicant written notice of an opportunity for a hearing.

Any hearing following summary suspension of an approved drug on a finding of imminent hazard to health will be afforded "promptly" and on "an expedited basis."

Any hearings on FDA's refusal to approve a New Drug Application or on a proposal to withdraw an approval would be public, except where trade secrets are involved. Any part of a hearing may be closed to protect such secrets.

3. *Manufacturing Controls.* A more detailed description of manufacturing

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facilities and control procedures is required. A provision also has been included to require that the manufacturer furnish a description of the educational background and experience of "technical and professional" personnel who are responsible for assuring that the drug has the required safety, efficacy, identity, purity, strength, and quality. On this point the proposed regulations used the term "key personnel" instead of "technical and professional" personnel.

4. *Drug Names.* If there is no established name for the active ingredient of a new drug, the application would have to propose a nonproprietary name for use as the established name of the ingredient.

5. *Submittal of Mailing Pieces and Advertisements.* All mailing pieces and all advertisements of approved prescription drugs must be submitted to FDA at specified intervals.

6. *Records and Reports.* When a new drug is approved, the manufacturer must set up a record-keeping system and make periodic reports to FDA on experience with the drug as it develops. Mixups between different drugs or significant deterioration of a product on the market must be reported immediately. Unexpected side effects, injury, toxicity, or other unexpected reactions must be reported as soon as possible, or in any event, within 15 working days of receipt of the information. Under the proposed regulations published February 14, only 5 days would have been allowed for such reports.

Reports of clinical experience with human drugs are to be submitted at intervals of not more than 3 months for the first year, 6 months during the second year, and then at yearly intervals.

Experience with veterinary drugs must be submitted at intervals of not more than 6 months for the first year, and then at yearly intervals.

The Commissioner of Food and Drugs can specify different reporting intervals where desirable for specific drugs, and can waive the reporting requirements where they are no longer required for particular products.

7. *Notice of Approval or Withdrawal of Approval.* All approvals of new drugs, withdrawals of approval, and any necessary supplemental applications to provide additional warnings or information about new side effects, may be published in the Federal Register. However, publication of an approval may be delayed until an "appropriate date" in relation to the date the drug is to be put on the market.

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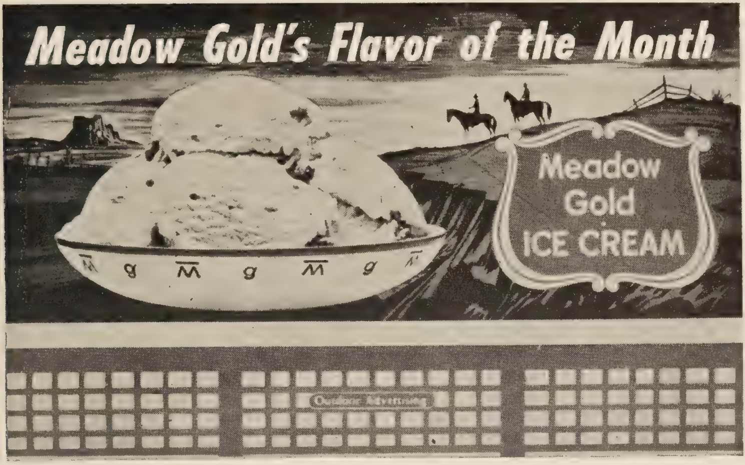
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Prominent Speakers and Excellent Panel Discussions Included in Program of the 1963 N.A.R.D. Convention

Problems which confront the retail pharmacist in their daily fight for survival against cutthroat competition and government encroachment will be deliberated at the annual convention of the N.A.R.D. in Chicago, October 6th through the 10th. The program will include an array of headline speakers and they will include prominent members of Congress, leaders of medicine and the pharmaceutical industry. Two excellent panel discussions will be featured. Business sessions and the N.A.R.D. Drug Show will be held at McCormick Place (the fabulous exhibition center of Chicago).

Among the prominent political leaders will be Senators Hubert H. Humphrey of Minnesota, Thruston B. Morton of Kentucky and Everett McKinley Dirksen of Illinois. Congressmen Oren Harris of Arkansas and Wright Patman of Texas, familiar to N.A.R.D. members will also address the convention.

Speakers identified with the pharmaceutical industry and profession of medicine will be Dr. J. Mark Hierbert, chairman of Sterling Drug, Inc.; John T. Connor, president of Merck & Co., Dr. F. J. L. Blasingame, executive vice president of the American Medical Association; and Robert J. Gillespie, president of the American Pharmaceutical Association.

Other major addresses will be delivered by Dr. Luther L. Terry, surgeon general of the United States Public Health Service, Philip F. Jehle, N.A.R.D. Washington representative, and Joseph Cohen, N.A.R.D. director of professional services in the Washington office.

Congressman Harris is chairman of the House Interstate and Foreign Commerce Committee which conducted hearings on the Quality Stabilization Bill, the outcome of which was released for action on the floor of the House with recommendation to pass. He too, is a stalwart champion of small business and independent enterprise.

Wright Patman is co-author of the Robinson-Patman Act (the Magna Charta of independent enterprise). Early in his political career he became a militant foe of cutthroat business practices. He is a member of the House Select Committee on Small Business and chairman of the House Banking and Currency Committee.

Also on Monday afternoon there will be a joint conference of state, local and metropolitan city pharmaceutical association presidents and secretaries with the National Legislation Committee and its Auxiliary. Federal legislation, including the Quality Stabilization Bill, will be discussed, and everyone attending the convention may participate in the deliberations. Ralph R. Rooke, chairman of the National Legislation Committee, will preside, and participants will be Joseph Meek, director of the Illinois Retail Merchants Association; Congressman John E. Moss of California; Philip F. Jehle, N.A.R.D. Washington representative; Joseph Cohen, N.A.R.D. director of professional services; and Maurice Mermey, director of the Bureau for the Advancement of Independent Retailing.

President Frank Lobraico will address the convention at the opening business session Tuesday morning. His address will be followed by reports by T. Donald Perkins, chairman of the Executive Committee; Secretary Willard B. Simmons; Allen Waddle, Treasurer; Julius Thomas, chairman of the Auditing Committee; and Thomas J. Lenehan, chairman of the Committee on Form of Organization. Dr. Terry and Senator Morton will speak at this session.

The featured speakers on Tuesday afternoon, Dr. Blasingame and Representative Harris, will be followed by the N.A.R.D. Professional Panel, which will be moderated by E. Boyd Garrett, druggist of Nashville, Tennessee. Panelists will be Charles Rabe, president of the St. Louis College of Pharmacy, Herbert Wilkinson, vice president of Abbott Laboratories; and Fred T. Mahaffey, secretary of the National Association of Boards of Pharmacy.

The N.A.R.D. Merchandising Panel, moderated by Keith K. Keller, Minneapolis drug store owner, will be held Wednesday morning. Participants will be John J. Fenstermaker, vice president of drug relations, McKesson & Robbins, Inc.; Edward W. Brady, director of trade relations, and W. D. Snively, Jr., executive vice president of medical affairs, Mead Johnson Laboratories.

Senator Dirksen will address the convention on "The State of the Union", and Dr. Hiebert will also speak at the Wednesday morning meeting. Wednesday afternoon will be an open spot on the program to allow members plenty of time to visit the Drug Show.

A report on the John W. Dargavel Foundation will be delivered Thursday morning by Albert C. Fritz, foundation president. Speakers at that session will be Gillespie, Representative Patman, Connor and Jehle, the title of the latter's talk being "Small Business Is in Jeopardy."

The officers and two members of the Executive Committee will be elected and installed Thursday afternoon, and also there will be floor action on the report of the Resolutions Committee. Senator Humphrey will address the convention in the final hour before adjournment.

Special convention events on Monday will consist of breakfasts for the Cinchona Club of St. Louis and the Board of Trustees and Advisory Committee of the John W. Dargavel Foundation. The breakfasts of the Rexall druggists and wives and Rho Pi Phi fraternity will be held on Tuesday and the luncheon for N.A.R.D. past presidents will also take place on Tuesday. Wednesday there will be a Dixie Sunrisers breakfast and a luncheon for state, local and metropolitan city pharmaceutical association secretaries and N.A.R.D. officers.

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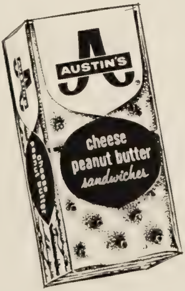

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H.I.F. Reports Hospital Costs at Record High

The cost of a day of care in the hospital has increased significantly in a recent fifteen-year period, Health Information Foundation reported.

In the May-June issue of **Progress in Health Service,** its bi-monthly statistical bulletin, the Foundation reported on the rising cost of hospital services in this country.

Between 1946 and 1961, the average hospital expense per patient day for short-term general hospitals increased by about 273 per cent, reaching an all time high of $34.98 in 1961, the bulletin said. These short-term hospitals provided 40 per cent of the nation's beds and accounted for 92 per cent of all admissions.

For non-federal psychiatric hospitals, the rise was 298 per cent, to a high of $5.48. These hospitals, the bulletin noted, accounted for 78 per cent of the Nation's long-term beds.

Hospitals of all categories incurred an average of $18.46 in hospital expenses per patient day in 1961. This was an increase of 254 per cent over the fifteen-year period.

"A major factor behind this rise in hospital costs," the Foundation explained, "is the expansion in range and volume of services provided. This has resulted in more procedures per patient day and an increasing number of ancillary services offered to each patient."

"As hospitals replace outmoded facilities with more modern and highly specialized ones," the bulletin noted, "additional capital outlays are required. In 1947, total assets per bed for short-term general hospitals were estimated at $7,395, as reported by hospitals. By 1961, they had increased by 142 per cent to $17,880."

"Along with the increase in value of total assets, there has been a rapid increase in personnel per patient. In 1946, short-term general hospitals had 148 employees per 100 patients. By 1961, the ratio had grown to 235 employees per 100 patients, an increase of 59 per cent. The importance of personnel costs, the Bulletin pointed out, is underscored by the fact that payroll claims the major share of hospital expenses, and its share has been increasing.

"There are always opportunities for economy," George Bugbee, Foundation Director, said, "but if the public is to benefit by advances in medical science and secure these benefits in the favorable setting provided by the hospital, we must look not only for economy. We must plan for continued high expenditures needed to provide good care for the American public.

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Common Cold Cure Not In Sight

The cure of the common cold is not yet in sight, Dr. Preston Perlman, director of biological research for Schering Corporation, told the California Pharmaceutical Association.

Participating in the scientific symposium of the Association's convention, Dr. Perlman reviewed studies on the probable causes and cures of colds in his talk entitled "The Future of the Common Cold."

To illustrate the scope of the research job ahead, Dr. Perlman quoted an opinion expressed by some members of the Board for Vaccine Development of the National Institute of Allergy and Infectious Diseases. "To really influence the upper respiratory disease incidence," Dr. Perlman related, "some Board members feel, would probably take an effort ten times the magnitude of the polio vaccine effort." Others feel, however, he continued, that live virus vaccines might result in a solution to the problem. Ideal would be a chemotherapeutic agent corresponding to antibiotics which could inhibit the growth of the cold viruses or obliterate the major symptoms, he said.

Dr. Perlman cited the large number of viruses capable of causing colds in adults and children as a problem in developing a cold vaccine. "The idea of a single common cold must be discarded," he said. He defined the common cold as a syndrome caused by a number of different viruses. To complicate matters further, a recent study he referred to showed that the virus population causing the common cold can change during the season.

Some of the questions that will have to be answered in the laboratory, as outlined by Dr. Perlman, are: what percentage of colds is caused by each of the possible viruses? is it possible in principle to prevent colds by artificially induced antibodies through vaccines? can one predict what strains of virus will cause colds in a given season? can one incriminate a limited number of strains as causing most of the disease? are the number of strains necessary to produce a suitable multi-virus to reduce a significant portion of common colds so large to be impractical?

For the immediate future, Dr. Perlman believes the application of symptom relief therapy will undoubtedly prevail in the practical treatment of the cold. From a commercial standpoint, the 400 million to one billion annual colds in the United States result in about $500 million of retail sales for cold and cough remedies each year.

Physicians Urged To Test For TB

Physicians were urged to tuberculin skin test every patient they see who has an illness which tends to allow a tuberculosis infection to escape from the controls imposed by the body's defenses.

The recommendation was made by Dr. William Russell, Director, Jefferson County Health Department, Denver, Colorado, at a symposium in Washington, D.C. on the private physician and tuberculosis.

Specifically he called for skin testing for TB in such conditions as hormonal problems, especially diabetes and hypothyroidism; silicosis; malignancies under chemotherapy; lymphoma and pulmonary diseases.

Dr. Russell warned that "The physician cannot afford to guess that his patients have a positive tuberculin reaction."

Reporting on skin testing surveys in Denver, Dr. Russell said that 35 per cent of the adult population was tuberculin reactive (or positive), and that less than 6 per cent of the senior high school pupils and college students were tuberculin positive. However, he said, among adults, the older they were, the higher was the proportion of tuberculin positives, up to age 65. (The skin test provides information about the infection, but it does not tell whether or not there is tuberculosis).

Noxzema Announces Two Executive Changes

The appointment of Dr. Jack J. Goodman as Director of Research and Development and Sears W. Ingraham as Managing Director of Noxzema International was announced by the Noxzema Chemical Company, Baltimore, Maryland. Designed to further strengthen Noxzema's operation in two important areas, the appointments are in line with the company's continuing program of expansion which has resulted in record sales and profits during the past several years.

Dr. Goodman first became associated with the Noxzema Chemical Company on January 1st, 1963, and he will now coordinate all laboratory research and quality control. He possesses B.S. and Ph.D. Degrees in Chemistry and Organic Chemistry from Rutgers University and Iowa State University, respectively. He was formerly associated with E. R. Squibb and Sons, S. B. Penick and Company and the Toni Company where he was responsible for the activities in broad areas of research and evaluation of processes and products. He is married, has four children and formerly resided in Park Forest, Illinois.

Mr. Ingraham came to Noxzema in 1962 from Colgate-Palmolive International and served as General Manager for Noxzema's European, Asian and African Markets until the present time. He was graduated from Brown University and was an Ensign in the United States Navy Reserve during World War II. He is married and has three children. As head of Noxzema International, which is a division of the Noxzema Chemical Company, Mr. Ingraham will have the entire responsibility for all the company's foreign operations, which include Europe, Asia, Africa, Central and South America, as well as other foreign countries. Noxzema products are now being distributed and sold in eight major foreign markets in over fifty countries.

Future of Small Business Linked To Government Action

The nation's 1½ million small businessmen are today facing problems of "staggering" proportions, according to Senator John Sparkman (D., Ala). Their future, he said, will depend on government action.

If government takes actions that are unwise and injurious to business or omits taking action that may be necessary, Senator Sparkman told the 1963 Convention of the International Council of Shopping Centers recently, businessmen "will have no one to blame but themselves."

In the present session of Congress there are measures of great importance to business—and to small business, in particular. He urged businessmen to take greater interest in political affairs, and to support legislation that concerns their own well-being.

"Small business can survive and will. Indeed, it must if our economy as a system of free and private enterprise, is to survive," he declared.

Citing Department of Commerce statistics, Senator Sparkman said that on January 1, 1963, there were some 4.8 million American business firms in operation. Of these, about 4½ million were small.

"That new businesses—and, of course, new businesses are almost invariably little businesses—continue to be born faster than they die is a good omen for small business survival prospects. On the other hand, business population growth, percentage wise, has not quite kept pace with population growth," he stated.

In the decade between midyear 1951 and midyear 1961, the human population increased almost 19 per cent, the Alabama Senator said. During approximately the same period, the business growth, in all industries was a little over 15 per cent. In retailing, he said, the business population growth rate was a little over 10 per cent.

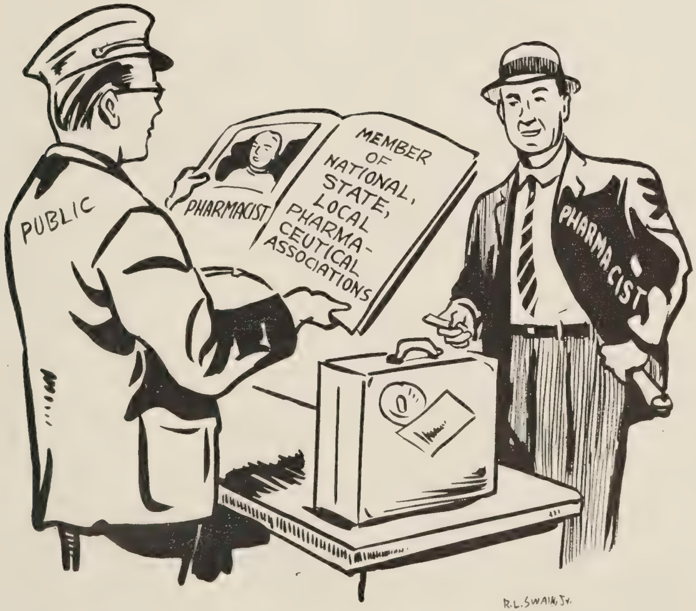
Lederle Discovers Antibiotic Synthesis

Scientists at Lederle Laboratories have announced the first combined chemical and biological synthesis of a naturally occurring tetracycline, an accomplishment which makes possible synthesis of "tailor-made" antibiotics.

The achievement involves the discovery of a new chemical entity, its subsequent synthesis in the laboratory, and the conversion — by a living organism —of the synthetic substance to a tetracycline antibiotic.

Thus it now seems feasible for scientists to alter this chemical compound or prepare analogous substances, feed these to micro-organisms, and produce new and different semi-synthetic antibiotics.

The Lederle accomplishment, the work of a research team headed by Dr. J. R. D. McCormick, is significant because up to this time the known useful tetracycline antibiotics have been produced only by living organisms found in soil. And although thousands upon thousands upon thousands of soil samples have been screened for organisms which could produce such anti-bacterial activity, only four tetracycline antibiotics useful in the treatment of disease have thus far resulted from this search.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Grasslands Diabetes Specialist Explains "Abuse" of Insulin

The average obese, middle-aged diabetic does not need insulin, a diabetes specialist told the American Therapeutic Society. In fact, reported Dr. Charles Weller, chief of the diabetes and metabolic research unit at Grasslands Hospital, New York, insulin may do more harm than good to such patients.

Dr. Weller's paper was an analytic review of recent developments in metabolic research which have led, he explained, to the new concept that diabetes is not just one disease but several.

The A group he described as the labile, ketoacidosis-prone, or insulin-dependent, often developing during childhood.

The B group, he said, is the stable adult, ketosis-resistant, overweight or obese, without acidosis, not insulin-dependent, past age 40 at onset.

The A-B group is made up of patients who are usually ketoacidosis-resistant, often underweight, but subject to ketoacidosis under stress of surgery, infections, and other trauma, frequently under age 40 at onset.

The A group, he went on, require insulin to convert blood sugar into both muscle protein and fat and often receive additional benefit from a long-acting oral biguanide drug.

B group diabetics, Dr. Weller emphasized, require no insulin. Three out of four can be controlled with nothing more than strict diet—if they can stay on the diet. When medication is needed by these "fat and 40-plus" diabetics, biguanide is preferred because it does not favor the accumulation of body fat.

The A-B group may best be treated with insulin when stress or blood-insulin levels require it, or with a combination of oral sulfonylurea drugs and biguanide, he added.

Dr. Weller emphasized that the three-way classification of types of diabetes could not have been arrived at without recent metabolic research which has helped explain the mode of action of the various drugs. Of special importance also has been the development of means of measuring blood-insulin levels.

Co-author with Dr. Weller was Dr. Morton Linder of Mt. Kisko, N. Y. The paper was entitled "The Use and Abuse of Insulin." It characterized insulin as "a potent lipogenic (fat producing) hormone."

Maryland Ranked Tenth In Per Capita Personal Income

The State of Maryland continues to rank high in per capita personal income, according to the April, 1963, SURVEY OF CURRENT BUSINESS, published monthly by the Office of Business Economics, U. S. Department of Commerce. Up from eleventh position among the states in 1961 to tenth rating in 1962, the State's per capita income was reported at $2,664, some 7.77% higher than the $2,472 figure of 1961. Alaska, which ranked eighth in 1961, dropped to eleventh place. The District of Columbia was first with a per capita personal income of $3,351 followed by these states.

	1962 *Per Capita Income*	1961 *Rank*
Nevada	$3,176	3
Delaware	3,096	2
Connecticut	3,095	4
New York	2,930	5
New Jersey	2,874	7
California	2,871	6
Illinois	2,830	9
Massachusetts	2,775	10
Maryland	2,664	11
Alaska	2,610	8

(District of Columbia ranked first in both 1961 and 1962.)

Mississippi was again last with a $1,282 figure, up about 4% from 1961. The national per capita income increased from $2,263 in 1961 to $2,357 in 1962, for a gain of 4.15%. Consumer prices advanced about 1% during the same period.

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Design Factors and Advantages of Pharmaceutical Aerosols Discussed

Aerosols offer vast potential for truly unique and more effective drug therapy, reports Joseph L. Kanig of Columbia University in the June issue of the *Journal of Pharmaceutical Sciences*. Citing a recent industry survey, the author notes that there is a large void in knowledge of the technical and scientific principles of pharmaceutical aerosols and implies that this has hampered its growth for therapeutic applications. Dr. Kanig summarizes the multitude of considerations involved in design and formulation with pertinent literature references to present a clear and authoritative guide for other workers.

The formulator of a pharmaceutical aerosol must use particular care in selecting the propellant because it becomes an integral part of the contents, the author explains. The two major classes of propellants — liquified or compressed — are discussed and their advantages, disadvantages, and typical applications are reviewed.

The wide range of pressures and properties offered by propellant gases, the variety of valves, containers, and other components, plus the varied characteristics which can be attained with the use of one or the other of the basic aerosol dosage forms presents a theoretical opportunity to develop pharmaceutical aerosols with attributes unavailable with conventional dosage forms. Each of these aspects is given individual treatment by Dr. Kanig.

The aerosol solution of either the two-phase system (a liquid and a vapor phase) or three-phase system (an aqueous layer, liquified propellant layer, and vapor) is one major dosage form. Modifications of the interfacial barriers in aerosol solutions may present additional improvements and capabilities for pharmaceutical applications.

Aerosol suspensions consist of finely powdered insoluble materials suspended in a liquified propellant. The ability to dispense a self-propelled dry powder from a hermetically sealed container presents a special advantage, Dr. Kanig notes. The foremost problem encountered with aerosol suspensions is agglomeration which may clog valves or cause unacceptable variations in the amount of medicament delivered. Another complication may be caking of the suspended ingredient on the container wall resulting in a loss of active ingredient. The variables affecting particulate stability in these suspensions along with methods of alleviating or controlling the phenomena are fully described.

Aerosol emulsions present a widely adaptable dosage form. The mechanical forces exerted as the emulsion is propelled from the container can be considered as a type of instantaneous homogenization. In addition, various propellants used in aerosol emulsions can modify foam density, foam strength, drying time, and other important characteristics. Furthermore, the type of emulsion formulated, the emulsifying agent, the propellant composition and proportion, the presence and nature of additives, and the type of valve and actuator used, can vary the aerosol emulsion characteristics to produce a foam or lather, a cream-like substance with longer stability, or a mist.

Another important application of pharmaceutical aerosols is in inhalation therapy and the reproducibility of quantity of medicament delivered is claimed to be superior to liquid preparations dispensed by teaspoon or dropper. The size of the particles and their physical state exercise a critical effect on the site of deposition and absorption from the respiratory tract. Several methods of particle size measurement which can be used in particular situations are discussed.

In addition, procedures for evaluating

spray patterns, rheological characterizations, analysis of volatile constituents, propellant composition, and other factors of special importance in designing pharmaceutical aerosols are presented. Methods of aerosol sterilization are also described.

In concluding Dr. Kanig states that the possibility that orally inhaled medicinals may one day become a routine dosage route has been explored but it is clear that a large number of unknown factors must be investigated to insure predictable and controllable results. His integrated review of the known factors studied to date provides an excellent starting point for those who could benefit from an increased familiarity with this relatively new dosage form.

1964 APhA Annual Meeting Moved To New York City, August 2-7

The 111th Annual Meeting of the American Pharmaceutical Association has been rescheduled according to an announcement made today by APhA Executive Director William S. Apple. The meeting, originally set for Philadelphia the week of May 3rd, 1964, will now be held in New York City the week of August 2nd, 1964. The headquarters hotel will be the New York Hilton at Rockefeller Center.

"The move became necessary to secure adequate facilities and accommodations for the 1964 Annual Meeting of the American Pharmaceutical Association," according to Dr. Apple. "The New York Hilton at Rockefeller Center will provide the most extensive meeting facilities ever utilized by APhA, and the New York World's Fair will offer an added attraction that is sure to break all attendance records," added APhA's Executive Director.

The 1965 Annual Meeting will be held as scheduled in Detroit the week of March 28 - April 1, 1965. The 1966 Annual Meeting has not yet been scheduled.

APhA PR Service Planned for Action

Innovations in contemporary pharmacy public relations highlight the new Public Relations Service produced by the American Pharmaceutical Association. A series of monthly, ten-minute recorded radio shows, featuring nationally known health authorities, is new this year. Each show consists of a discussion of a major national health problem, an interview with an authority on the particular problem, and stresses the role of the pharmcaist as a reliable source of family health information. Coordinated with the radio programs are 12 newspaper advertising mats. Dramatically designed, the mats portray the professional standing of the pharmacist in family health information.

Issued three times a year, the APhA Public Relations Service is designed to give community pharmacists professionally prepared materials to conduct individual year-round public relations programs. The Fall issue features National Pharmacy Week promotion materials including the window streamer pictured here. National Pharmacy Week gives the practicing pharmacist a strong foundation upon which to build a continuing, year-round public relations campaign. The January issue features National Poison Prevention Week items for newspapers, radio, television and for public appearances. The April supplement contains new and different materials which continue the theme of the pharmacist as a source of reliable health information.

As in the past, the APhA PR Service costs $5.00 per year for all three issues. The radio programs and the ad mats are offered below production cost at $5.00 per set each. Non-subscribers to the PR Service can purchase the radio shows and ad mats for $10.00 per set each.

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1. Bartell, P., Pierzchala, W., and Tint, H.: J. Am. Pharm. A. (Scient. Ed.), 49:1, 1960. 2. Barr, M.: J. Am. Pharm. A. (Scient. Ed.), 46:490, 1957.

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The Maryland Pharmacist

— NATHAN I. GRUZ, Editor —

Volume XXXVIII **AUGUST, 1963** **No. 11**

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Editorial . . . . . .

"Confine The Compounding And Sales Of Drugs And Medicines To Duly Educated And Licensed Pharmacists"

The title of this editorial may resemble some of the headlines in the pharmaceutical press of recent months, but in Maryland this idea goes back many years. It is part of the Articles of Incorporation of the Maryland Pharmaceutical Association, dated November 26, 1889, as one of its stated purposes. It is also listed in the Constitution and By-Laws as one of the objects of the Association.

Some states are currently seeking legislation to confine certain classes of non-prescription drugs to sales in pharmacies or by a pharmacist. The American Pharmaceutical Association and the National Association of Retail Druggists have both indicated renewed interest in this matter. Arrayed against this proposal is primarily the Proprietary Association, representing "patent medicine" manufacturers. Grocers and sundry other retailers are part of this combination that places volume foremost above all other considerations.

Pharmacists recognized long ago the necessity of placing the sale of non-prescription medication under proper safeguards. Today "over-the-counter" medication has pharmacologic activity of a nature and degree unknown before. Idiosyncrasies, allergies, side-reactions, toxicity all exist in modern "home remedies" to an extent unrealized by the public.

How much precious time in seeking competent medical counsel and treatment has been lost by people who have dosed themselves with remedies advertised as panaceas?

How many lives have been lost because the promiscuous sale of drugs has created the attitude in the laity that was expressed by the mother of a child who died from taking "harmless tablets"? The mother said, "I didn't think the children's aspirin was a drug—after all you don't have to get it in a drug store—you can buy it anywhere".

Over the years it has been necessary on many occasions for manufacturers to recall not only prescription "legend" drugs, but also proprietary medicines, because of some discrepancy, error or chemical change. Deleterious or toxic effects are always a possibility manufacturers and distributors of drugs must guard against. Recently we had the example of MAALOX which exhibited the presence of phenol in some batches.

Distribution through pharmacies is a safeguard to public health which enables immediate and efficient recall of drugs. How can you recall all packages of a drug if it is distributed by food stores, variety stores, department stores, bars and every possible outlet?

Pharmacists might be accused of economic motivations, but the overriding consideration has and will always be PUBLIC HEALTH. Regardless of who may profit or who may not profit, the welfare of the people is paramount. If even one person's life might be prolonged by the advice of a pharmacist when called upon to sell a drug—if even one child's life may be saved by the distribution of a remedy through the profession of pharmacy, then legislation to "confine the sale of drugs and medicines to duly educated and licensed pharmacists" is mandatory by all the moral standards of civilized humanity.

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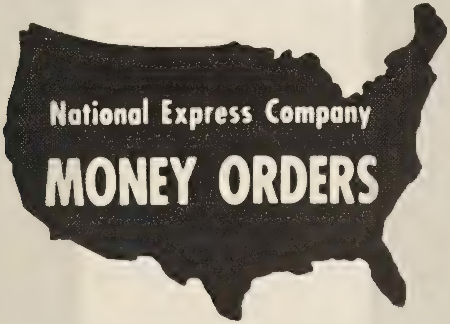

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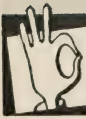

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President's Message . . . . . .

Dear Fellow Members:

The need for Quality Stabilization Legislation is impressed more and more upon us every day as we try to meet today's competitive situation. Regardless of what we have done in the past, we must keep pressing for this law, which is S.774 in the Senate and H.R. 3669 in the House. The opponents of Quality Stabilization, which includes labor, certain government agencies and the discounters, are using every tactic to cloud the true issue, which is to enable the small man to survive, to preserve opportunities for new enterprises and stop "bait" advertising and loss leaders.

Do your part by contacting your senators and congressmen over and over again until we have won the fight.

The Second Simon Solomon Seminar is scheduled for Thursday, November 14, 1963 at the Warren House (Blue Crest North). An outstanding program has been arranged to help pharmacists in business management. I urge all of you to make plans to attend.

The attendance at the Executive Committee meeting was excellent. I wish to thank the officers and other members of the Executive Committee for their presence and support.

Sincerely,
WILLIAM A. COOLEY
President

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Secretary's Script . . .

A Message from the Executive Secretary

An important change for the future of Pharmacy in Maryland has been made by amending the Constitution of the Maryland Pharmaceutical Association. All pharmacists will now be in one category: "Active Membership".

Formerly "Active Membership" was open to all pharmacists but employee pharmacists had the choice of either "Active" or "Associate" membership Now all pharmacists, whether proprietor, manger, executive or employee, will be eligible for "active membership" only.

This historic step is essential in assuring professional progress. By now we must certainly all realize that no matter what the status of pharmacist is and no matter in what area of activity he specializes—community practice, hospital, manufacturing, distribution, teaching, research and so forth—all have the same stake in Pharmacy.

Pharmacy can only achieve its rightful place in the health professions and in the community by presenting a united front. Any development or problem which touches on one segment of Pharmacy affects all other facets of our profession.

In the near future the dues structure of the Association will be resolved.

Your officers and Executive Committee call upon every pharmacist to stand up and be counted. With every pharmacist who desires to be part of a profession which contributes to the health care of the community joining his colleagues we can have a state professional pharmaceutical organization that will have the numerical strength and the resources to more effectively serve Pharmacy.

Sincerely,

Nathan I Gruz

Executive Secretary

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Maryland Board of Pharmacy Fall Examination

This is to advise you that this Board will hold its fall Board examination on Wednesday, Thursday, and Friday, November 6, 7, and 8, respectively. The fee is $25.

Further information can be obtained by contacting the Secretary of the Board as follows:

F. S. Balassone, Secretary
Maryland Board of Pharmacy
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301—VErnon 7-9000, ext. 8426
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Change of Ownership or Location

Chestertown Pharmacy, Alphonse Poklis, 329 High Street, Chestertown, Maryland. (Formerly: located at 305 High Street, Chestertown, Maryland).

Lyon's Pharmacy, James H. & G. Taylor Lyon, 328 St. John Street, Havre de Grace, Maryland (Formerly: located at 330 S. John Street, Havre de Grace, Maryland).

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Howard Rice, Pharmacist, 5508 Belair Road, Baltimore 6, Maryland.

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Contributions . . . . . .

Pigmented Zinc Oxides

By B. F. Allen, Ph.D.*

Recently, in a journal an incident was mentioned in which a patient was forced to go to eleven pharmacies before he could have a certain prescription filled. Also, a news article appeared in which the pharmacist-manager of a pharmacy was quoted as saying that he stocked less than 1000 items—and those were mainly maintenance drugs.

Recently, it has become apparent that some manufacturers of chemical raw materials and wholesale drug houses are deleting items from their stock because of changing needs in medication, cost-profit squeeze, economic importance, and possibly many other reasons.

While the wholesalers and retailers of drug preparations do not like any situation which causes an increase in the number of preparations which they have to stock, it is essential that they adjust themselves to conditions as they exist and as they will continue to exist—even to a greater degree—as we have continued progress.

There have been many changes in the practice of pharmacy because of the widespread use of "ready made" drugs. Some of these changes have also been attributed to the unwillingness on the part of the pharmacist, as well as the prescriber, regarding medication which must be compounded.

Every pharmacist knows how many hours are spent in trying to find unusual chemicals. Today the journals are full of excellent topical formulae which can well be adapted to a particular need, but the trouble of finding a source and the great delay in shipment is such that the item is not of interest by the time all the materials are assembled.

In the pharmacist's role as a health communicator or consultant, he must also be familiar with "common" chemical agents, and their combinations in order to perform all the services expected of him. The essence of Pharmacy is to "tame" raw materials and chemicals and to process them so that they will work for the betterment of man's health.

A typical example illustrating this subject is the difficulty being experienced by some pharmacy practitioners in obtaining the material known as neocalamine (a pigmented zinc oxide), or formulating similar colored (tinted) powder mixtures.

The history of calamine (a pigmented zinc oxide) is both interesting and enlightening. Since 1916, the official compendia has described this material as: (1) calcined native zinc carbonate or calcined zinc carbonate containing a small amount of ferric oxide; (2) zinc oxide together with a small amount of ferric oxide and silica; (3) zinc oxide colored with ferric oxide; and (4) zinc oxide with a small proportion of ferric oxide.

It is interesting to note that a Handbook of Cosmetic Materials (1954) lists the following formula for calamine: mixture of precipitated zinc carbonate and zinc oxide, colored with 0.5 per cent ferric oxide.

Powders are valuable in treatment of contact dermatitis because they are cooling and drying, especially on red, inflamed, unbroken skin. It has been stated that the mineral substances are best—and zinc oxide is included.

It should be stated, perhaps, that the color of calamine whether natural or prepared seems to have had a great deal to do with its acceptance as a medicinal agent.

---

*University of Maryland, School of Pharmacy.

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In the United States (1955), the annual number of cases of dermatitis venenata[a] as a result of external overtreatment was estimated at a million. The use of bases forming a layer of powder (with calamine and zinc oxide) was a promoting factor.

A great number of tinted preparations have been formulated so as to yield a make-up effect upon application to the skin. The "pigments" mentioned in many of the formulas include zinc oxide, plus insoluble mineral colors such as the iron oxides. They are blended in different proportions, thus producing the various "shades" of the finished product to match the skin of the individual user.

One of the early suggestions for a new calamine was the following formula: 3.0 Gm. red ferric oxide, 4.0 Gm. yellow ferric oxide, and 93.0 Gm. zinc oxide. This powder was known as Cuticolor and when incorporated in a lotion it could be made to more nearly approach the color of any skin.

The above formula was later admitted in the National Formulary as prepared neocalamine and described as a weak yellowish orange in color fine powder. However, it was often noted in practice, that this mixture usually gave a brown color.

It is also interesting to note a statement that calamine lotion is used largely by women on their face, neck, hands, and arms in ivy poisoning. The slight pink color is more like the cosmetics they use and would show opposition to a brown color. The suggested "pink" color was also obtained by mixing zinc oxide, red ferric oxide, and yellow ferric oxide.

A tinted Cuticolor preparation consisting of 2.4 Gm. bentonite and oxide of iron powder (Neutracolor—Almay), 12.0 Gm. calamine, 18.0 Gm. zinc oxide, and 18.0 Gm. talc is said to give an extremely useful "skin shade" combination for use in a variety of topical remedies.

The designation neutracolor or neutra-color has been used in the literature (pharmaceutical and cosmetic) for the formerly official prepared neocalamine.

However, the topical prescription adjuvant Neutracolor (Almay) is described as a standardized coloring agent consisting of iron oxides and bentonite in the form of an insoluble powder (also available: special shades for blondes). It is intended to create prescriptions that blend with the color of the skin, may be used to tint ordinary white creams, and the presence of bentonite greatly improves the suspension property of a lotion formula.

In order to improve topical formulas so that they may be used by the patient during the day or night without fear of embarrassment, other combinations have been suggested in which the color (flesh, etc.) is rendered not only by red and yellow ferric oxides, but also by materials known as ochres, umbers, siennas, as well as, synthetic certified colors.[b]

Red ferric oxide is made by heating native ferric oxide or hydroxide at a temperature which will yield a product of the desired color. The color is governed by the temperature and time of heating, the presence and kind of other metals, and the particle size of the oxide. A dark colored oxide is favored by prolonged heating at high temperature and the presence of manganese. A light colored oxide is favored by the presence of aluminum and by finer particle size.

Yellow ferric oxide is prepared by heating ferrous hydroxide or ferrous carbonate in air at a low temperature. A hydrated ferric oxide is usually lighter in color (yellow). Although the color is in part at least determined by the

---

[a] Produced by the local action of irritant substances, usually plants. A type of contact dermatitis.

[b] Omitted from discussion because of the concern of the United States Government at the present time with colors used in foods, drugs and cosmetics.

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extent of hydration of the oxide it appears also that crystallographic differences are of importance in this connection.

Ochre is a natural earth pigment and is among the oldest of the Egyptian colors. Ochres (ochers) are mixtures of metallic oxides and clay. Yellow ochre is a hydrated oxide; on ignition, water is lost leaving a residue of reddish brown oxide. Red ochre (jeweler's rouge and Venetian red) consists of red ferric oxides. Synthetic or built-up ochre is available and a violet ochre is also known.

Umber is a brown earth valued as a pigment and used either in the raw state or calcined or burnt, in which case it has a slight reddish hue. Its color is due to manganese and iron oxides. Umber has also been described as a native ferric hydroxide containing manganese dioxide and silicate; occurs as a dark brown to brownish red powder.

Sienna is also a natural earth pigment of the oxides of iron and sometimes managanese. Raw sienna is brownish-yellow; while burnt sienna is orange-red or reddish-brown in color.

Therefore, in view of the aforementioned statements it is not surprising to note that synthetic iron oxides manufactured under careful control are recommended. They are stable to light as well as to acids and alkalies; grind easily, and are available in a wide range of shades from yellow to black. One manufacturer offers cosmetic "iron oxide" colors completely free of any minute traces of organic contamination. Another, manufactures a purified iron oxide (non-aniline) in three shades; light, medium, and dark brown powder.

Topical prescription formulations (containing white pigments) have been colored for skins classed as "blond", "brown" and "dark" in the following manner: a faint pink tint obtained by adding calamine to the product; for the "brown" classification neocalamine used in a similar manner; for the "dark" classification one of the commercially available ochres; or the colors adjusted by adding various shades of iron oxides.

The following concentrated color combinations have been used to produce the common shades—flesh color: (1) yellow ferric oxide 1.00 Gm., neocalamine 10.00 Gm., zinc oxide 10.00 Gm.; (2) dark brown ferric oxide 1.50 Gm., neocalamine 10.00 Gm., zinc oxide 10.00 Gm.; and (3) sienna 0.06 Gm., synthetic red or pink dye 0.10 Gm., ochre 1.75 Gm., zinc oxide 10.0 Gm. These color bases are used in quantities from one to five per cent, depending upon the tone desired in the finished product.

As indicated above, tinted powders in a variety of interesting shades have been formulated with an ochre, sienna, and the iron oxides as the colorants. The preparation utilizing yellow ferric oxide seems to impart a more yellow color than is desirable. The one with brown ferric oxide produces a more natural flesh-colored product. However, these powder mixtures lack strength and vitality. They may be brightened, however, by the use of water insoluble synthetic dyes (illustrative formula No. 3).

It is extremely important that the selected colorants should be incorporated into the preparation so that the shades suitable for the complexion of the user. Also, the acceptable mixture can only be developed by a trial and error method.

It should be noted that suggestions as to the proportion of coloring agents to the white powder ingredient(s) is based on a so-called average complexion. Dark complexions, as well as those that are suntanned, will require a greater concentration of the colorants.

In preparing pigmented powders, each ingredient must be in as fine a state of subdivision as possible. Therefore, before mixing, the ingredients should be sifted through the finest screen available. Also, it takes meticulous care on the part of the compounder to produce exactly the same shade with two subsequent batches of ingredients.

A method for color matching is as follows: After the powder has been triturated well, a sample is taken and placed upon a sheet of paper in a small mound. Immediately next to it a similar mound of the control (sample of original colored powder) is placed. The two are pressed with a clean piece of paper so that they form a cake. If any color difference exists, a distinct line will be noticeable separating the two powders. If the two do not match, the difficulty is about to begin, for only through trial and error can the pigments be added and the right color result. One serious difficulty is the fact that each time the powder is triturated, the ingredient(s) is broken down into finer particles and redistributed, giving an over-all lightening effect to the powder, so that it may take several additions of pigments before the previous color is matched.

Indicative of the modern trend is the pigmented preparation[c] which, in addition to being more cosmetically acceptable, serves to cover and conceal minor lesions of the face. However, it has been stressed that the tinting of the preparations with white and colored pigments accepted by the Federal Food and Drug Administration adds foreign material to the cutaneous surface. This can block the openings of the follicles unless it is subsequently removed by thorough washing.

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[c] Composition:

Kaolin	30.
Talc	30.
Zinc oxide	40.
Pigmented to shade	

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Pharmacy on Review*

Samuel L. Fox, M.D.

It is indeed a pleasure for me to address you on this auspicious occasion.

I have the distinction of having been a member of the Class of 1934, the last class to be awarded the Ph.G. degree by this school. Pharmacy and pharmaceutical education have come a long way in the more than 30 years since I entered the portals of our beloved alma mater.

It is so refreshing for me to look out upon the many bright, fresh faces of you young men and women of the graduating class. It brings back such pleasant memories of my own college days. I am reminded of the witticism of George Berkeley, Bishop of Cloyne during the early 18th Century, who once remarked:

> "Our youth we can have but to-day,
> We may always find time to grow old."

Although I have no prescription for eternal youth, I have learned by personal observation that one is really as young as one's mental outlook on life: there is no surer way to grow old than to think nagatively and pessimistically.

Pharmacy is an ancient and honorable profession which had common origins and roots with the profession of medicine. Dentistry is but a twig off the same trunk which has now grown its own roots. And a number of other para-medical groups have arisen from the acorns which dropped from the parent oak and germinated and took root. Of all such groups, pharmacy has remained the closest of the allied professions with the parent profession of medicine.

In biblical days, the priests were divided into groups, some of whom ministered to the souls of men while others ministered to their physical ills. Even in those days, you see, specialization had set in—some priests looked after sick souls while others treated sick bodies. The physician and the pharmacist were one and the same, in the person of a priest. In time, the physician-priests found it necessary to further specialize, so that some spent their full time searching for appropriate herbs and animal organs and developed skills in preparing suitable potions to be administered by their colleagues. Thus was born the art and science of pharmacy. As is always the case in such divisions of labor, some continued to carry on both duties, but ultimately the physician-priests recognized the valuable skills of the apothecary-priests. In later years, in England and on the continent of Europe, separate guilds were established for the apprenticeship training and practice of these separate professions. In modern times there arose separate colleges of pharmacy and medicine, although many pharmacy schools in this country were still sponsored by medical faculties as late as the first quarter of this century.

Prior to the turn of the century the apothecary served also as the chemist. Comparatively little was known about organic chemistry and synthetic chemistry was in its infancy. In that day, a knowledge of botany, pharmacognosy and galenical pharmacy fitted one well as an apothecary. The capsule had not yet been invented.

Making uniform powders and rolling esthetically pleasing, albeit useless, pills gave a pharmacist genuine professional standing among his peers. Following World War I, we entered the so-called "jazz-age," when women wore their skirts well above their knees and became known as "flappers"; when music and dancing took on a new tempo and lost all semblance of art; when prohibition became the order of the day and disrespect for law became a mark of distinction. Out of all this chaos, some good also resulted. The new synthetic chemistry which was borne of the German necessity for finding ersatz munitions, fuels and foods began to play an important role in introducing new synthetic drugs into our medical armamentarium.

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*Address delivered at Tenth Annual Convocation, School of Pharmacy, University of Maryland, June 6, 1963.

The poor apothecary of that day was completely bewildered! By training and education he could not understand the chemistry of the products which were being introduced. In many instances he could not even pronounce their chemical names! He found his talents slipping into the discard, and he became gravely concerned. It was easier to purchase the few tinctures still being prescribed than to make them. The government red-tape now imposed upon him by the Volstead Act for purchasing needed alcohol for manufacturing caused his complete surrender and retirement from a large part of the professional duties he knew and loved so well.

To make matters worse, this "dizzy age" was marked by unusual economic good-times, such as this country has not seen since. Since the pharmacist found himself outmoded, and felt himself inadequate, he looked for new avenues of activity. Thus was born the "drug store"—where the apothecary shop was pushed farther and farther into the background and the "druggist" (as he now became known) became an independent merchant selling wares formerly found in the confectionery, the five and ten cent store, the stationery store, and even the department store. This was a great tragedy for pharmacy. The apothecary, like Esau, had "sold his birth-right for a mess of pottage" and now was looked upon as the equal of his neighbors, the small merchants of the community.

Small wonder that the apothecary found himself bewildered in these chaotic days. Even the faculties in the pharmacy colleges were unable to cope with the changing knowledge of the medical and chemical world of the time. As late as 1931, when I entered pharmacy school, a lecture course in pharmacology had but recently been introduced and the course in materia medica had just been laid to rest but refused to die in the minds of the older members of the faculty, who could not fully understand the chemistry and pharmacology of the newer chemotherapeutic agents.

Before this state of affairs could be rectified, a further assault occurred. The artificiality of the times had invaded the economic stature of our burgeoning industrial revolution, and we suffered the world-shaking economic collapse of 1929—the greatest depression in the history of mankind, a depression which spread throughout the entire civilized world and sowed the seeds of discontent and hatred which ultimately led to World War II and the arrival of communism as a world power to be reckoned with for all time.

Can you imagine the consternation that the pharmacists of that day must have suffered! Not only were they "misfits" professionally, but now even their new found business ventures were collapsing about them.

Pharmacy has never really recovered from these assaults. The **"retail druggist"** (as he now wishes to be known) has continued to direct his efforts towards competing in the merchandise arena of the retail market. Left to their own confused machinations, the great body of "retail druggists" now in the field would reduce the pharmacist to the stature of a franchised merchant, and the professional status of its members would become extinct.

This professional status is now in serious danger of being lost. The practice of pharmacy entails no more professionalism than the work performed by the optician, the surgical appliance maker and fitter, the physiotherapist, or the artisan who makes and fits glass eyes and contact lenses. Even though each of these practitioners has more intimate contact with patients than does the pharmacist, some of these skilled craftsmen enjoy professional status.

It is a tribute to the faculties of the schools of pharmacy that, in spite of the vast efforts by retail druggists and their trade associations to convert the apothecary shop into a mercantile establishment, the pharmacist has remained under the wing of the medical profession and hence has retained a semblance of the professionalism former accorded him.

The present-day graduate in pharmacy is a knowledgeable and valuable colleague to the present-day graduate in medicine, and every effort should be made to nurture and encourage this relationship. There is a rightful place for the pharmacist as a member of the team of the healing arts in the treatment and total care of the sick.

But you must act boldly and expeditiously if you are to retain the professional label for the pharmacist. Raising the educational standards is but one measure in this effort. I hope the recently added additional year to the schooling of pharmacists will not boomerang and further reduce the interest of those who might otherwise have selected pharmacy as a career. This is a distinct danger, at least for the immediate future.

The term "retail druggist" should be abandoned and, if the word "apothecary" seems archaic, then at least you should insist upon being known as "Pharmacists." It is time that you men and women put a stop to the use of the degrading sobriquet, "Doc", as your title. This term, though originally a shortened term for "doctor," now has the connotation of disparagement and is used to address gamblers, race horse fixers, dope addicts and other touts. Certainly you do not wish to be in the same class with these peddlers of human misery. The titles "Mr." and "Miss" are honorable ones and denote respect, and should always be used. One should not assume the title, "doctor," unless one holds such a degree. To do so can only foster disrespect and distrust among the knowledgeable.

You should give active and vocal support to your professional associations, and you should shake off the yoke of the retail trade associations and their non-professional trade-union leadership. You should join with your fellow pharmacists in a continuing appraisal of the practices which would best benefit pharmacy and the public, and you should then enlist the public in support of needed legislation to accomplish these purposes. Do not underestimate the American public. When the chips are down and the story is properly presented, the voters have almost always supported those causes which are in the best interests of our people.

The number of "retail drug stores" will, of necessity, be markedly reduced in the months ahead, and this is as it should be. It is foolish and wasteful of human abilities and talents for you to work as clerks and salesmen of mundane merchandise. The U. S. Department of Labor has recently reported a crisis in job employment for the untrained youth of our nation. In the next three years, some 5.5 million youngsters will not go to college but will be out looking for work.

Some 2 million of these will not even have completed high school. As a result, the jobless rate of our adults is averaging 4 to 5% of the work force, whereas joblessness among teen-agers is at a rate of 15% of those seeking employment. Certainly the 3.5 million high school graduates who will be out of work can fill these non-professional jobs as salespersons of retail merchandise. It would, indeed, be a pity if you who have worked so hard and studied so diligently these past four years were to see ahead of you only the opportunities for retail selling.

The average "retail drug store" in the U. S. is a hodge-podge of a confectionery, a hardware-store, a second-rate luncheonette, and a specialty and variety shop. Some even have grocery departments. Somewhere in the background, hidden from view as through the owner were ashamed of it, is the

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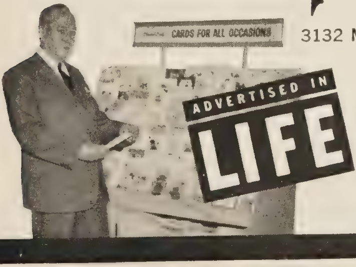

department which permits the establishment to be called a "drug store." The vast majority of such "retail druggists" suffer along unable to compete in the merchandising mart, and making a meager living even after enduring endless hours of labor each week. Such "retail drug stores" cannot long endure. The economics of labor costs vs. the available supply of registered pharmacists will soon spell doom for many of these stores.

Pharmacists and their trade associations should stop trying to have enacted unsound and uneconomic legislation to permit them to continue their present needless and painful struggle for existence. Instead, all pharmacists should join forces and insist upon legislation which is in the best interests of the public as well as of pharmacy. I refer to legislation restricting the sale of **all** drugs to pharmacies. This would mean that pharmacies would truly become establishments where patients could obtain all of their drug and sick room needs, and that other foreign merchandise would be eliminated. This would be just and proper legislation, as it would insure that an adequate number of properly equipped pharmacies could survive economically and be available throughout the community to supply the drug needs of the sick. The State restricts by franchise the sale of whisky in the public interest; is the indiscriminate sale of drugs less dangerous?

Were such legislation enacted, many of the present so-called "retail drug stores" would quickly become variety stores or what-have-you, as the present pharmacist-owners would feel inadequate to the task. But the future of pharmacy would be brightened considerably.

I am practical enough not to believe that this will be accomplished by the present confused and punch-drunk body pharmacy. Nonetheless, I believe you are living in the exciting and stimulating time when such a change will occur. I predict that many, if not most, of the graduates of this and other pharmacy schools will, with increasing numbers, seek employment in professional pharmacies, in hospitals and in public health clinics and laboratories where the hours of duty, the salary and the working conditions are conducive to the development of a professional standing for the pharmacist. This will create even greater shortages of available pharmacists and will lead to the closure of more and more prescription departments in "retail drug stores". Ultimately, the cleft between retail business and professional pharmacy will widen to the point that each will go his own way—and pharmacy will again attain its rightful place among the professions of the healing arts.

Yes, I think you are in "on the ground floor" and you will participate in the greatest resurgence in the history of pharmacy. Not only will you witness the return to professionalism, but the many advances of science which are on the horizon will create a place in the forefront for the pharmacist in his service to mankind, in the alleviation of suffering, in the prolongation of life, and in the growth of nations.

You have a duty to yourself not to undersell your training and professional standing, and you have the equal duty to put your training to the greatest use and benefit of mankind. You who have had the opportunity of this professional education are fortunate, and you must not do less than your best for your less fortunate fellow men.

Man's noblest virtue is to be found in man's service to his fellow men. Our own contemporary physician - philosopher, Albert Schweitzer, has written that "reverence for life demands from all that they should sacrifice a portion of their own lives for others."

The great Jewish prophet and teacher, Hillel, a contemporary of Jesus of Nazareth, has stated this truth better than I could possibly do. He said, "If I am not for myself, who will be for me. Yet, if I am for myself alone, what am I?"

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We often hear the older generations longingly refer to "the good old days." But were they really such good days? The infant mortality rate was dreadfully high, and those infants who managed to survive the first weeks after birth often succumbed to the dread infectious diseases of early childhood. The average life span of the founding fathers of this nation was less than 40 years of age! Men grew old very young, and few lived to be truly aged.

Too many of us, young and old, think of our times as offering so few opportunities for our young people to grow and develop. You often get the distinct impression that the door to opportunity was closed and bolted at some time in the past. This is far from truth.

Emerson has so aptly said, "This time, like all other times, is a very good one if we but know what to do with it."

I should like to paraphrase this to read: "This time, unlike other recent times, is a wonderful time for pharmacy if we do what is right with it."

The world population is growing at the rate of 50 million people per year.

In the U. S. alone, from the Jamestown settlement in 1607 to the year 1950 (a span of 250 years), we acquired a population of 150 million.

In the decade between 1950 and 1960, we increased our population by over 28 million to 180 million.

By the year 2000, we will have at least 300 million people in the U. S. alone.

The greatest increases will be in the young and in the old — both of which need more than average medical care.

Think of your opportunities for service in your profession in the coming years!

Isn't it exciting?

You are not trained in the methods of **big business**, nor should you be so fitted. Had you wished this type of education and training, you would have sought admission to one of the colleges of finance or business, not the School of Pharmacy. You are trained to stand at the side of the physician and see that patients get proper dosage of proper drugs which are free of incompatabilities and which, if used properly, will afford the patient the opportunity for relief of symptoms and cure of disease. You should be proud of this training and the position for which it fits you, and you should insist upon employment in which this training can be put to its greatest usefulness.

I challenge each of you with the famous words of Thomas A. Edison, "There's a way to do it better—find it."

Your education has been an expensive experience in time and effort as well as in monetary outlay. For many of you this has represented a real sacrifice, not alone on your part but also on the part of your families who supported you through school. More important, you have devoted four of the most valuable years of your life to the process of learning. I hope you have not wasted a single day of these years, as the most precious thing you possess is your time. A day lost is a day never to be regained.

I would remind you that your education has just begun. Graduation day is properly called "commencement day" for it is then that you begin to use your knowledge and mold your future. The groundwork which has been laid for you here should serve well upon which to build your life.

Henry Ford once said, "An educated man is not one whose memory is trained to carry a few dates in history — he is one who can accomplish things. A man who cannot think is not an educated man, however many college degrees he may have acquired."

No, my young friends, marching through an educational system is no sure cure for ignorance and mediocrity! If you have not been taught to think, to reason, to understand the importance and meaning of newer ideas not yet conceived, then your education will avail you naught. If you are to live fruitful and effective lives, you must continue to read, to study, to learn and to participate in the affairs of your profession, of your community and of your nation.

Henry Van Dyke expressed this so poignantly in these words:

> "Remember that what you possess in the world will be found, at the day of your death, to belong to someone else; but what you are will be yours forever."

I need not remind you that the world is moving at a faster pace than at any time in history. Even the daily newspapers often carry "stale" news. Woodrow Wilson, at the end of World War I, made the observation that,

> "The only men who serve the world now are young men and men who never grow old; men in whose system the steam goes strong all the time and who do not get so stiff that their whole machinery buckles up."

How much true are those words today in the atomic age in which we live!

As I look upon your young and eager faces, I sense a restlessness among you. a restlessness derived from that wonderful arrogance and impatience of youth. I trust you will quickly acquire a real sense of humility as you wend your way through the world that is. Whenever I feel important or indispensable, I am reminded of a little poem which I keep on my desk. The author is unknown to me but the words are those of a true philosopher:

INDISPENSABLE?

Sometime, when you're feeling important,
Somtime, when your ego's in bloom,
Sometime, when you take it for granted
You're the best qualified in the room;
Sometime, when you feel that your going
Would leave an unfillable hole,
Just follow this simple instruction,
And see how it humbles your soul.
Take a bucket and fill it with water,
Put your hand in it, up to the wrist;
Pull it out; and the hole that's remaining,
Is a measure of how you'll be missed.
You may splash all you please when you enter,
You can stir up the water galore,
But stop, and you'll find in a minute
That it looks quite the same as before.
The moral in this quaint example,
Is do just the best you can,
Be proud of yourself, but remember,
There's no indispensable man.

The greatest danger we face in our generation is not an atomic holocaust from without but a moral degradation from within. The Greek and Roman civilizations were not destroyed by outside enemies; they collapsed from the progressive immorality which, like the termite, destroyed the very foundations upon which these civilizations were built.

We in this country have witnessed a steady decline in our sense of initiative and self-reliance which will prove fatal if allowed to go unchecked. Acceptance by our social order appears to be dominant in the thinking of our young people, and there is increasing dependence upon the federal government for our personal security from want.

Too often we hear the great social cry of our times: "Security from the cradle to the grave." Such a philosophy undermines our very safety, our very freedom, and our very society. Our nation was not built on such philosophy, nor can it long endure if this philosophy becomes the pattern of our society.

On this very subject, recently I read in a church bulletin a parody on the

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Twenty-third Psalm, which I would like to share with you:

PARODY

The Government is my shepherd,
I need not work;
It allows me to lie down on good jobs;
It leadeth me beside still factories;
It destroyeth my initiative;
It leadeth me in the paths of the parasite for politics' sake.
Yea, tho I walk thru the valley of laziness and deficit spending,
I will fear no evil; for the Government is with me;
Its doles and its votegetters, they comfort me.
It prepareth an economic Utopia
for me by appropriating the earnings of my grandchildren;
It filleth my head with bologna;
My inefficiency runneth over.
Surely, the Government shall care for me all the days of my life;
And I shall dwell in a fool's paradise forever.

The second great challenge of our times is the recognition of our responsibilities to our fellow men in the areas of social justice, and in the establishment of peace and good will among men everywhere.

In the town of Northfield, Minnesota, chisseled in oak above the main desk in the library of little Carleton College, are these words by the famous Norwegian explorer and statesman, Fridtjof Nansen:

> "The history of the human race is a continuous struggle from darkness toward light. It is therefore of no purpose to discuss the use of knowledge: man wants to know and when he ceases to do he is no longer man"

Yes, man has learned how to destroy all of mankind, all of civilization, our entire cosmos. But has man grown in spiritual and moral stature as well? In this connection, Will Durant has said (of this generation) that . . .

"Men have become spiritual pygmies in gigantic physical frames."

The noble and untiring efforts of the late Pope John XXIII have insured for him a place among the immortals of history, for he not only espoused the cause of social justice, but by precept and example he labored to arouse brotherly love in the hearts of all men, towards the end that enduring peace might prevail among all nations. His prayer, *ut unum sint,* that all may be one, set the theme of the fastest-moving Ecumenical Council in the history of the Church and endeared him to men of all complexions and ideologies. All men of good will, of whatever faith, should profit by his example.

Since it is now abundantly clear that man cannot survive by might, it is paramount that we learn to live together by right. We must take to heart the words of the Prophet Isaiah,

> " . . . and they shall beat their swords into ploughshares, and their spears into pruning hoods: nation shall not lift up sword against nation, neither shall they learn war any more"

May God grant us the wisdom, the nobility and the courage to save us from ourselves!

Your education fits you well for a life of independent effort, a life of service to mankind, an opportunity to hold your heads high and to prove that *man is what man does.* Initiative and free enterprise have built this people into the strongest and greatest nation on earth. Our democracy, with all its faults, is the envy of the entire civilized world. But freedom is not automatic. As soon as it is taken for granted, we are in jeopardy of losing it. In addition, freedom is not a license to do as we wish; rather, it is a state of privilege, preserving our constitutional rights. But no one may enjoy privileges without assuming at least equivalent obligations.

The President of the United States in a recent address at Vanderbilt University asserted:

"All Americans must be responsible citizens — but some must be more responsible than others, by virtue of their private or public position, their role in the family or community, their prospects for the future or their legacy from the past. Increased responsibility goes with increased ability — for of those to whom much is given, much is required."

The President might well have been addressing this graduating class.

In conclusion, I charge each of you to live active, useful, ethical lives. I offer you these inspiring words by Reinhold Niebuhr to serve as a guide and challenge to you in your daily lives:

> "God give me the patience to accept that which cannot be changed
> Give me the courage to change that which can and should be changed:
> And, above all, give me the wisdom to know which is which."

The French philosopher, Voltaire, has said that "some men die without ever having lived."

I should like to offer the words of the immortal Jonathan Swift as my prayer for your future:

"May you *live* all the days of your life."

Thank you

Dr. Samuel L. Fox

Dr. S. L. Fox, Associate Professor of Ophthalmology of the University of Maryland, School of Medicine, is an alumnus of the University of Maryland, Ph.G. 1932, and B.S. from the School of Pharmacy 1936, and M.D. in 1938. His professional specialization and experience have been in the field of eye, ear, nose and throat, with particular emphasis on Ophthalmology. He has numerous publications in these fields and presently is serving on the staff of a number of hospitals in Baltimore.

For the past several years Dr. Fox has been a visiting lecturer in physiology in the School of Pharmacy, in addition to being on the staff of the School of Dentistry.

In May of this year Dr. Fox was installed as the President of Temple Oheb Shalom Congregation.

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The Henry B. Gilpin Company was established in Baltimore in 1845 as Canby, Gilpin and Company (William Canby, Bernard Gilpin, Thomas B. Langdon) Importers and Jobbers, Light and Lombard Streets and later as Gilpin, Langdon and Company, who imported drugs, chemicals and essential oils from all over the world and made a specialty of grinding and assaying drugs for medicinal purposes. The firm is now known as The Henry B. Gilpin Company—full-line full-service wholesale druggists, with headquarters and offices in Washington and distribution centers in Baltimore, Dover, Norfolk and Washington.

The Baltimore division is now located at 7401 Pulaski Highway, Baltimore 3, Maryland. The Baltimore building occupied at Light and Lombard Streets, was burned by fire in 1901. The business was moved to 300-304 West Lombard Street and then in April 1954 to the up-to-date building on Pulaski Highway.

On May 6, 1962 the new Washington building was dedicated and a bronze plaque was placed thereon which says: "In recognition of the essential service pharmacists render to the health care needs of people everywhere, we respectfully dedicate this building to the Pharmacists of America as an expression of our appreciation and esteem for the profession. "Nearly 500 guests attended the dedication ceremony, performed by James W. Roberts, Sr., Chairman of the Board, together with James E. Allen, Gilpin's President, Dr. William S. Apple of the American Pharmaceutical Association, and James C. Morton, Executive Assistant to Governor Tawes of the State of Maryland.

Guests were awed by the nearly 30,000 drug products in inventory and the orderly assembly for filling the needs of pharmacists, serving a link between the pharmaceutical manufacturers and pharmacy.

Mr. Henry B. Gilpin has been described by one of his compatriots as a distinguished looking man with mixed gray hair, and one greatly interested in many phases of pharmacy, as well as enjoying an extensive social life. He was a member and President of the Maryland Pharmaceutical Association in 1896, the annual meeting of the Association being held in the House of Delegates Chamber in Annapolis.

Mr. Gilpin was the guiding mind in the first standardization by assay of crude drugs for medicinal purposes, which served as a basis for similar standardization for manufacturers. The firm was the first to manufacture tinted face powder for sale to American ladies in every settlement, the product being known as "Talcolette." The Gilpin laboratories developed the first insecticide to use pyrethrum. The product was branded "Black Flag" and has since been sold to the American Home Products Company.

The Gilpin Company renders advanced services to its retail pharmacy customers, such as: retail store operation and financial management guidance; merchandizing and displaying; store layout; inventory control and promotional material for advanced merchandizing. The Gilpin Company maintains a complete and up-to-date pharmaceutical library in each of its warehouse operations, which information backs up the pharmacist as a consultant to the allied health professions.

Personnel relations are good and the Company enjoys a very low rate of turnover in personnel, and a high morale and productive incentive is provided in supplemental compensation programs, such as: pensions, life insurance, hospitalization and medical care, vacations, sick leave, standardized wage scale with systematic salary review.

The firm is a member of the National

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*Compiled and typed for publication by B. Olive Cole.

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Sealtest
TRADE MARK
DAIRY PRODUCTS

MU lberry 5-3800

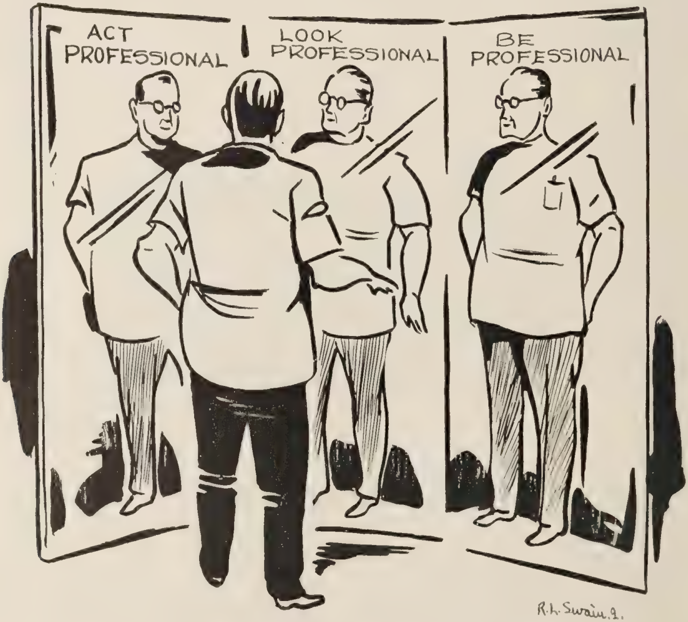
Wholesale Druggists' Association, and both the Chairman of the Board and the President of the company are past-presidents of the National Wholesale Druggists' Association — the industry's trade association.

The Baltimore Association of Commerce in 1945, in recognition of the contribution which the H. B. Gilpin Company made to the development of Baltimore through one hundred years of continuous operation, presented the Company with a certificate registering the company in the Century Honor Roll of Baltimore Business.

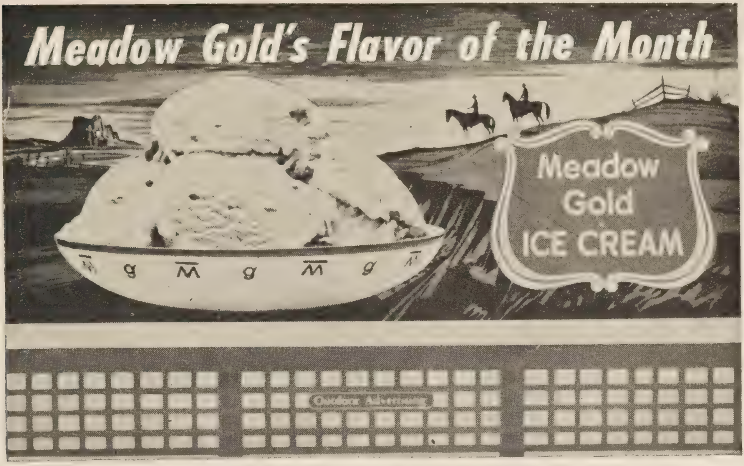
The Gilpin Creed adopted November 4, 1959, includes the specific subjects of Faith, Deep Foundation, Security, Honest Representation, Experience, Marketing, Abolishment of Waste, Growth and Industry as a significant and important contribution to public welfare.

At the thirty-eighth annual banquet of the Alumni Association of the School of Pharmacy on June 6, 1963, Mr. W. Luther Skinner, Jr., representing the H. B. Gilpin Company, presented the Alumni Association with a check for $400.00 for a scholarship for a deserving student in pharmacy.

Every one requires medicine at some period of life, and it is interesting to note that for more than a century the Henry B. Gilpin Company has been active in many connections, such as: importing, assaying, packaging and distributing pharmaceutical products.



THREE WAYS TO MIRROR YOUR PROFESSIONAL IMAGE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Thomas F. Mullen
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Volume 21 AUGUST, 1963 No. 9

Joint Outing Held By TAMPA and BMPA

A very successful first was the joint outing held by TAMPA and the Baltimore Metropolitan Pharmaceutical Association on Thursday, August 15th. An overflow crowd turned out for an afternoon of relaxation, recreation and good fellowship at Hendler's on the Severn.

A large delegation of pharmacists joined with representatives of manufacturers, distributors and wholesalers to enjoy crabs, crab soup, crab cakes, draught beer, roast beef, potato salad, cole slaw and other delicious foods.

TAMPA'S Sheeler Read, John Cornmesser and Herman Bloom teamed with BMPA's Aaron Libowitz, Jerome Stiffman and Joe Okrasinski to produce a memorable day of good food, recreation and games and fine sociability. All who worked to sell tickets and make the arrangements deserve our vote of thanks for a job well done. Those who didn't come missed out on a memorable day.

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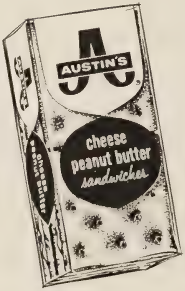

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Schick Blades and Razors
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Kotex, Kleenex, Modess, Yes, Tampax
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Baltimore Metropolitan Pharmaceutical Association

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Ex-Officio—FRANCIS S. BALASSONE

PRESIDENT'S MESSAGE

Baltimore Metropolitan Pharmaceutical Association

The members of the Baltimore Metropolitan Pharmaceutical Association went all out to join with TAMPA for the first time in a most successful outing and crab feast. A record turnout of pharmacists and Travelers resulted in a most enjoyable time for all. Our appreciation is extended to the officers and members of TAMPA who worked hard for many weeks to provide day of fun and fellowship for all of us who work together for Pharmacy.

The pharmacists of the Baltimore area have always supported the various projects that help the profession of Pharmacy in their professional and economic problems. You are all urged to respond to the announcement of the affairs of our various pharmaceutical groups.

The B.M.P.A. meeting on October 31st features a program by Banner Business Form on "Health Sav A Tax", which will help pharmacists get and keep prescription patrons. This meeting is a must for all pharmacists.

In addition, the Second Simon Solomon Pharmacy Economics Seminar will be held at the Warren House (Blue Crest North) on November 14th. You can benefit greatly by the information on business management and merchandising. Plan now to attend.

Of top importance to us at this time is to give our full support to Quality Stabilization Legislation. Be sure to again contact your senators and congressmen so they will know how much we need this bill.

Sincerely,

AARON M. LIBOWITZ
President

BE PROUD YOU PICKED NORTH AMERICAN MONEY ORDERS

. . . and kissed money order worries good-bye!

Were you one of the hundreds of pharmacists in the Maryland area that started writing money orders the North American way last year? You have good reason to be proud of yourself! You selected the most dynamic outfit in the field—the one who offered the most for you. You've received a high rate of commission all year long; you've gotten real behind-the-scenes help with a smooth-working organization that keeps mistakes at a minimum; you've gotten the sort of point-of-sale advertising sendoff you need to let your customers know you sell money orders. And you've even received terrific help in new, efficient machinery that cuts checkwriting time to an absolute minimum. If you were one of the few who didn't make the switch to North American—don't let this year see you mired in check-writing problems. Join the North American team today!

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NEWS ITEMS . . . . . .

Second Simon Solomon Pharmacy Economics Seminar

The Second Simon Solomon Pharmacy Economics Seminar will be sponsored by the Maryland Pharmaceutical Association on Thursday, November 14, 1963. The site is the attractive and conveniently located Warren House—Blue Crest North, 403 Reisterstown Road, Pikesville, just off the Beltway.

An array of experts of national renown will present a program designed to assist pharmacists in meeting today's challenges in business management and merchandising.

Raymond A. Gosselin, President of the R. A. Gosselin & Co. pharmaceutical-medical marketing research film will speak on "Predictions of the Future" based upon his extensive surveys made on behalf of leading drug manufacturers.

Clarence M. McMillan, Executive Secretary, National Candy Wholesalers Association, will point out the guidelines in "Trends in Candy Sales".

Roger Boucher, Sales Manager Davol Rubber Company, will present the opportunities to pharmacists in a surgical appliance department.

William W. Mee, President, Point-of-Purchase Advertising Institute (POPAI) will outline the important developments in "Drug Store Brand-Switching and Impulse Buying".

Baron G. Helbig of King, Merritt and Company will illustrate the benefits of "Income and Estate Tax Savings".

Raymond Shroyer, Mid-Eastern Sales Supervisor of Max Factor, will speak on the why and how of "Promotion of Cosmetic Departments".

Take advantage of this valuable program sponsored by the Maryland Pharmaceutical Association. Mail your registration form in when you receive it in the mail.

Prince Georges-Montgomery County Pharmaceutical Association

1963-1964 Committees

Program—Gerald Y. Dechter, Chairman; Melvin J. Sollod, Murray Rubin, Richard O. Parker.

Membership — George O. Chilcoat, Chairman; Joel Shulman, Norman Stein, Carroll Benson, James Horne, A. Lester Batie, Albert Fertick, Arthur S. Cohen.

Publication—Paul Reznek, Chairman; Samuel Morris, Milton Stewart.

Good & Welfare—Gabriel E. Katz, Chairman; Harold M. Goldfeder, N. W. Chandler.

College of Pharmacy Recruiting — Paul Bergeron, Chairman; A. Wayne Braden, Robert Mitchell, Dean Noel E. Foss (Consultant).

M.P.A. LIAISON & STATE WELFARE—Morris R. Yaffe.

Telephone — Mrs. Morris R. Yaffe, Chairman; Ladies Auxiliary.

Dinner Dance — Gerald Y. Dechter, Chairman; Ben Multiz, Jack Francis, Louis Ringer.

Legislative — Herman Taetle, Chairman; Robert S. Sinker, James A. I. Parker.

Professional Relations—Wm. L. Brunnett, Chairman; Marvin Freedenberg, W. Harold Packett.

Civil Defense—Melvin Chaiet, Chairman, P.G. County; Milton Orloff, Chairman, Montgomery County.

Constitution & By-Laws—Morton J. Schnaper, Chairman; Richard Packett, Arnold Lawson.

Budget—Robert S. Sinker, Chairman; Herman Taetle, Richard Baylis, Fred G. Sullivan (Trustees).

Pharmacists Registry — Paul T. Fenton, Jr., Chairman, P.G. County; Frederick D. Butts, Chairman, Montgomery County.

National Pharmacy Week—Morton J. Schnaper, Chairman; Albert Goldstein.

New Way to Food Profits!

No Investment in Equipment or Fixtures

With Stewart in-fra-red sandwich service you do not tie-up any money in high cost equipment and fixtures. A gleaming, sanitary and efficient Stewart In-fra-red cookery is loaned you and maintained — FREE! Uses only one square foot of space — eliminates kitchen equipment, dishes and dishwashing.

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No Overhead

Stewart "In-fra-red Toasted" Hot Sandwich Service requires no cooks or special employees. You can serve your customers these delicious sandwiches with your present help. You increase profit per employee wtihout increasing overhead.

Call or Write for a Free Demonstration

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Amendsments To The Constitution And By-Laws

The following amendments to the Constitution and By-Laws were approved at the Annual Convention of the Maryland Pharmaceutical Association. NOTE: Changes or additions are underlined.

ARTICLE III

TYPES OF MEMBERSHIP:

Section 1. This Association shall consist of active, associate, affiliate, honorary, and life members.

Section 2. ACTIVE MEMBERS: Any *licensed* pharmacist in the State of Maryland, of good moral character and professional standing, who shall have attained the age of twenty-one years, shall be eligible to active membership in this Association, upon subscribing to the constitution and by-laws of this Association and payment of dues for the current year, and shall be entitled to all the rights, privileges and benefits of the association. Applications shall be made on the form prescribed by the Executive Committee and shall be approved by the vote of a majority of the Executive Committee. None of the above qualifications shall change the status of any Active Member at this time.

Section 3. AFFILIATE MEMBERS: Any person, not a *licensed* pharmacist, who has a proprietary or managerial interest in a pharmacy, or any owner, members of a corporation or executive of an allied business or calling in the State of Maryland, of good moral character and standing, who shall have attained the age of twenty-one, shall be eligible to affiliate membership in this Association, upon subscribing to the constitution and by-laws of this Association, and the payment of dues for the current year, and shall be entitled to all the rights, privileges and benefits of the Association, except the right to vote or hold office in the Association.

Section 4. ASSOCIATE MEMBERS: Any *licensed* assistant pharmacist; pharmacy interne; educator; or any person of an allied profession or calling in the State of Maryland, of good moral character and professional standing, who shall have attained the age of twenty-one, shall be eligible to associate membership in this Association, upon subscribing to the constitution and by-laws of this Association and the payment of dues for the current year, and shall be entitled to all the rights, privileges and benefits of the Association, except the right to vote or hold office in the Association.

BY-LAWS

ARTICLE IX

FINANCIAL ADMINISTRATION:

(Paragraphs to be numbered as Sections.)

Section 3: (Now Paragraph 3). Change to:

"The Executive Committee shall be empowered to establish dues for membership in the Association."

Section 4: (Now Paragraph 4). *"The Executive Committee is authorized to allocate a portion of the annual dues for Kelly Memorial Building Maintenance, Only'."*

DELETE Present Paragraph 5. (NOTE: Present paragraphs 3 and 5 specify the dues for active, affiliate and associate members.)

These changes mean that all pharmacists regardless of status — employer, employee, executive or manager — will be in one category, namely, "Active Membership."

Once-a-year giving to local, state and national health and welfare services saves volunteer time, reduces campaign costs and insures fair distribution of community funds. When you give the United Way, you can be sure no one appeal overshadows other important services. It is the way a gift can work many wonders. Give the United Way.

B.M.P.A. News

Civil Defense

Baltimore pharmacists have been praised by Major-General Rinaldo Van Brunt, Director of the Maryland Civil Defense Agency, for their current project of distributing survival information in the Baltimore area pharmacies.

The program has been developed by the Baltimore Metropolitan Pharmaceutical Association, working in cooperation with the Civil Defense organization. Both wholesale and retail firms are taking part in the distribution of a variety of Civil Defense publications.

Jerome Block, chairman of the pharmacy Group's Civil Defense committee, announced the distribution of the literature. He urged that Baltimoreans who already have not done so go to their pharmacist and request information that is available without cost.

General Van Brunt in lauding the pharmacists stated that this is one of the largest mass publication programs yet conducted in Maryland and should be most helpful in informing Marylanders on Civil Defense survival techniques.

Discontinued Items—Check Stock

The following items have been discontinued. Check your stock and return any of these products to the source of supply for credit. Amend's Sol. (Leeming); Clarin Tablets (Leeming); Floraquin Powder (Searle); Hemafer Tablets (Stuart); Kynex Acetyl Ped. Drops (Lederle); Lobidine Syrup ((Searle); Mulvidren Softabs (Stuart); Normocytin Tablets (Lederle); Piperazate Wafers (Leeming); Pre-Daylin Drops (Abbott); Redisol Inj. (MSD) (30 mcg./cc.); Rynatan Expectorant (Neisler); Selsun (0.5%) Cream (Abbott); Spensin-PS Liquid (Ives Labs); Tral Inj. (Abbott) (10 mgm.); Tral w/ Phenobarbital Drops (Abbott); Tritigen Liquid (Searle); Vi-Daylin Dulcet Tabs. (Abbott).

L.A.M.P.A. News

MRS. FRANK BLOCK
Honorary President of L.A.M.P.A.

Mrs. Frank Block, our honorary president for the year 1963-64 "lost her heart at a drug store soda fountain."

Eva and Frank first met over a scrumptious concoction (a sundae) he prepared at a neighborhood drug store soda fountain where he was earning and learning. Apparently, Eva liked Frank's p.m. (preferred merchandise or personal magnetism) and returned again and again. From this simple and apropos beginning much has transpired. Last year, the Blocks celebrated their 35th wedding anniversary with their two sons (one of whom is a pharmacist) and their three grandchildren.

Currently, Eva's most prized possession is her automobile. She delights in going and doing and the car makes the going easier.

Eva is naturally creative and versatile and uses these traits to advantage in her cooking and entertaining. While she claims no particular specialty, she always seems to come up with a delightful combination to fit the occasion—whether it be a family celebration, a special holiday, or just a late evening snack.

An avid needlewoman, Eva enjoys sewing, knitting and crocheting and does all equally well. Numerous are the outfits she has fashioned for herself and more recently for the younger members of the Block clan—the grandchildren.

Even though her family and home come first, Eva devotes any spare moments to volunteer work at Spring Grove Hospital. She is also a member of the Azoans and the Beacon Chapter of the Eastern Star.

Eva served as L.A.M.P.A.'s president 1957-58. She also contributed much to the successful furnishing of a dormitory room in the new Student Union Building. Her willingness and ability to keep tabs on the doings of L.A.M.P.A. has earned her the "perennial" historian position.

Petit and perky—a charter member who demonstrates well L.A.M.P.A.'s purpose of friendship and help to our parent organization — we congratulate her and wish her continued good fortune.

ANNE K. CRANE
Corresponding Secretary

A.Z.O. Auxiliary Visit Washington To Aid Q.S. Bill

The Ladies Auxiliary of the Alpha Zeta Omega Pharmaceutical Fraternity has arranged a bus trip to Washington, D.C. on behalf of the Quality Stabilization Bill (S.774—H.R.3669). A special bus will leave Reisterstown Plaza in Baltimore on Tuesday, November 7th at 9:00 A.M.

A meeting has been arranged with Senators Humphrey and Proxmire as well as a number of Congressmen. Lunch will be served to the group in the Senate Building.

Mrs. Morton Silverstein and Mrs. Bernard Lachman are handling arrangements and publicity.

All pharmacists, their wives and friends are urged to join the group.

A.Z.O. Award For Visiting Lecturer

Alpha Zeta Omega Pharmaceutical Fraternity has announced that nominations are open for its Annual Visiting Lecturer Program. A.Z.O. sponsors the award which is conferred by the program's Selection Committee from nominations submitted by Deans of College of pharmacies which have active A.Z.O. undergraduate chapters.

Youngs Rubber Corporation Makes Film Available

Youngs Rubber Corporation is making available their film "Today's Horizon In Health," which has been received enthusiastically throughout the country—by thousands of civic, professional and fraternal organizations, veterans' groups and men's clubs.

Because of the popular demand Youngs Rubber Corporation will continue to provide this educational and interesting program for local organizations—and at the same time help build a favorable "Image" of pharmacy.

It is an interesting story of the processing, manufacturing and testing of their rubber prophylactic products, from start to finish—through the eyes of a local pharmacist and in a drug store locale.

Showing time: 23 minutes—with 16 mm sound equipment—made available free of charge—upon request.

A Youngs sales representative will be in attendance to answer questions that arise as a result of the interest generated by this film.

If you wish to provide this interesting program for any local group, contact Youngs Rubber Corporation, 393 Seventh Avenue, New York 1, New York, or your local Youngs sales representative.

With increasing frequency one hears complaints from the public that hospitals are charging exorbitant prices for their services, and, of these, the chief targets seem to be the charges for drugs. When one reviews statistics of drug charges made by general hospitals, he cannot help wondering if the prevailing practices of hospitals in cost accounting and fixing charges are valid and realistic. Certainly, the impressions are gained either that some of the hospitals are not very businesslike in their financial affairs or that they are attempting to use their pharmacies to cover losses in other areas. Neither of these impressions is reassuring to the public.

—Robert S. Myers, M.D., in
The Modern Hospital

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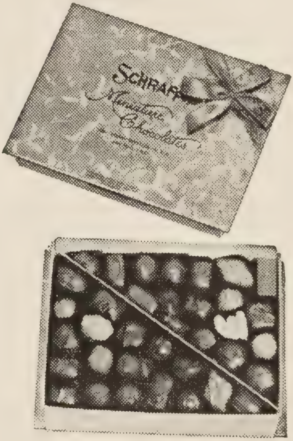
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Feature the candy that creates quick turnover and repeat business. Profit by the ever-growing demand for Schrafft's—recognized by candy-lovers everywhere as supreme in quality and flavor.

It pays to promote Schrafft's Chocolates!

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A LESSON FROM HISTORY

It is a refreshing surprise to hear that Soviet Russia has learned a lesson from capitalistic history. The chronicles of the Western World show that, in one civilization after another, the trademark has been one of man's most useful inventions. And now the Soviet Union has decided that trademarks, although a foundation of free enterprise, must be made part of the Communist economy.

The action was taken when the Government found that its "no-name firms" were turning out poor products, in spite of constant inspection. Entire industrial groups were producing shoddy wares. Lack of identity resulted in lack of incentive, and was clearly responsible for lack of quality.

Consequently, to distinguish one state-owned firm from another, the Government first gave each a name. It then required many firms to identify their products with a trademark.

"The trademark," explained V. A. Nikiforov, a Soviet economist, "makes it possible for the consumer to select the goods which he likes . . . This forces other firms to undertake measures to improve the quality of their own product in harmony with the demands of the consumer. Thus the trademark promotes the drive for raising the quality of production."

Professor Marshall I. Goldman of Wellesley College, in a recent article on trademarks in the Soviet Union, reported that Russia is hoping by 1965 to have some 30 to 40 different brands of radios and phonographs and about 20 types of television sets.

Throughout history, the trademark has been recognized both as a stamp of identification and as an incentive to quality.

In ancient Egypt, a slave put his own mark on every brick so that the slavemaster knew whom to punish if one was defective. Soap makers in Rome received stiff fines and were prevented from doing business if their products were unbranded. Flemish tapestry workers who failed to mark their products lost their right hands. In 1266, England passed a law requiring bakers to mark each loaf so that if a bad one turned up "it will be knowne in whom the faulte lies."

But now in the United States, some critics of the drug industry would like to remove trademark names from prescription drugs. They hold to the theory that abolishing or minimizing the value of trademarks would greatly reduce the cost of medicines. They seem to ignore the fact that weakening the trademark system is likely—as the Soviets have found—to endanger quality and the public health.

Without trademarks, there would be far less incentive to produce prescription drugs of outstanding quality. Furthermore, although many products sold under common names are acceptable, they are not "identical" with their trade name counterparts. The fact is that "identical" medicines—if made by different firms—do not exist. Variations resulting from differences in production methods—differences in the size of particles, in the types of binders and coatings—often cause supposedly "identical" drugs to have different effects on the patient.

With the present system of trademark names, the physician relies on the integrity and reputation of the manufacturer, and specifies by name the exact product he wants his patient to receive. In this way, he knows the quality and effect of the medicine. If compelled to prescribe a drug by its common name, the physician would have no such guarantee. When human lives are at stake, inability to identify the manufacturer of drugs is a dangerous gamble.

The Russians, then, in matters less crucial than medicines, have found that inspection is no substitute for incentive. They have learned through costly experience that trademarks are the best protection for the consumer.

If trade mark names on prescription drugs are weakened in America, we will be taking a step backward. Unlike the Soviets, we will have ignored a lesson from history.

—Commentary No. 5,
Smith, Kline & French
Laboratories.

Positive Tuberculin Test Means Infection

The public must be taught that a positive tuberculin test means the individual is infected with tuberculosis, Dr. C. E. Brasher, medical director of the Missouri State Sanatorium, said at a special symposium on TB in Washington, D.C.

He said the follow-up of those persons who show a positive reaction "represents the most important single part of any tuberculosis control plan of the future.

"The physician must be primarily concerned with the identification of those persons who are infected with TB," he noted, "and to be able to locate the source of infection and those positive reactors who may become future sources of infection."

Dr. Brasher said that although the tubercle bacillus may remain dormant for years or throughout life, "it may at any time break out from its nest in the tubercle to again multiply its progeny and cause clinically active disease."

To reduce the incidence of TB infection to its lowest possible levels, Dr. Brasher urged closer collaboration between physicians and the health departments. He said it is also going to require the tuberculin testing of as many of the total population as possible.

Check Your Form 720

U.S. Treasury Department, Internal Revenue Service, Quarterly Federal Excise Tax Return. Several of the members have been reporting the total tax collected only, not breaking it down to the Retailer classifications, Luggage, etc; Jewelry, etc.; Furs, etc. and Cosmetics, etc.

They have been requested by the Service to indicate the amounts collected in the various categories and to report same in future returns.

Seems that the Service is collecting information for rebuttal against the Federal Excise Tax Repeal.

Half Merck's Sales From New Items

John T. Connor, president of Merck & Co, Inc., said that 58 per cent of the company's 1962 sales of $241 million came from products introduced in the last five years.

Citing "research concentration" as a major foundation for the pharmaceutical and chemical company's growth, Mr. Connor told a meeting of the New York Society of Security Analysts that "only 27 per cent of our sales derived from products more than 10 years old."

Mr. Connor announced that "sales for April were the highest of any month in Merck's history, and the momentum continued into May." He said that while sales have set records for seven consecutive years, a "new surge of growth began in 1962."

Calling "geographical diversification" a second major foundation for the company's growth, the Rahway, New Jersey, industrialist said that international sales, including sales by non-consolidated overseas joint ventures, have increased more than 80% over the last 10 years. He announced that Merck is "organizing a new subsidiary in West Germany, which will expand our marketing in that country."

Mr. Connor predicted that the future market for prescription drugs "will be greater than ever before." He said that "the American people are coming to regard the best in medical care, including medicines, as a necessity rather than a luxury. This suggests that the nation in the future will devote an increasing percentage of its Gross National Product to health care." He added that he was sure "we will continue to have a system of private medical care in the United States."

Mr. Connor also predicted "accelerating growth in the field of products for animal health" resulting from a worldwide "demand for more and better food, or for more economical production of food."

Mr. Connor noted threats to drug patent and trademark rights in a number of countries. He said the new Kefauver bill (S. 1297), which calls for compulsory licensing of drug patents under certain circumstances, "strikes hardest at the very best elements within the industry—those that contribute to human well-being by creating new and better drugs." He added that "the public—by which I mean every one of us—stands to lose most of all, if the flow of life-giving products of drug research is choked off."

He noted that Merck invested more than $11 million in 'Aldomet,' a prescription drug representing a new approach to hypertension, before "getting back one penny in sales—much less any profit."

"I do not believe Congress will pass a compulsory licensing law," he said, "and I hope its rejection here will discourage similar legislation abroad. Adequate patent and trademark protection is essential if the drug industry is to maintain its research."

He added that "in the European Common market, there are encouraging signs that protection of industrial property in all the member countries is coming to be regarded as essential to economic growth. I venture to predict that more and more of the developing countries will reach this same conclusion as they realize the need for industrialization to provide employment for their growing populations." In many countries, however, he said that industry "will have to rely on a program of education to show that patents and trademarks are just as important to the consumer who hopes for a better life as they are to the company whose new products could help to make that better life possible."

Sales of pharmaceutical specialties in the U.S. and abroad "have come to represent a larger share of the company's volume" in the past 10 years, accounting for 59% in 1962 compared with 49% in 1953, he said. "This shift reflects the orientation and emphasis of our research program, as well as continuing price declines in bulk chemicals."

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Automatic Single Tablet Assay System

A new quality control system, which assures uniform and safe drug levels in tablets and lozenges, was demonstrated to doctors attending the annual meeting of the American Medical Association.

Called ASTAS (Automatic Single Tablet Assay System) by its inventors, the device shortens chemical analysis time to 15 minutes from the nearly 72 hours required by older manual methods. With several analyses in process simultaneously, assays are completed at a rate of one every three minutes.

ASTAS was developed by Walter W. Holl and Richard W. Walton, both quality control scientists with Merck Sharp & Dohme, West Point, Pa.

The automatic device performs about 150 assays per day, according to Holl and Walton, who said that this would permit finished medication to reach the consumer faster, as it eliminates delays due to pending chemical assay results.

Used either in the laboratory or right on the production line, ASTAS quickly detects variations in drug potency, the inventors said, thus assuring uniformity and desired effectiveness of finished pharmaceuticals.

The system is especially valuable when new products are placed into production for the first time, or when formula changes occur in older drugs, the pair said.

A special labor-saving advantage of the device is the ease of operation required. Unattended, except for occasional insertion of tablets into the feed mechanism by technicians, the system frees highly trained chemists, used previously for manual assays, for other critical work.

Explaining how it works, Holl and Walton said that after a tablet is automatically pulverized and placed into solution, a sample is drawn through an auto-analyzer, where it undergoes a series of chemical reactions.

Using a special metering pump, samples from the solution are segmented, and assayed separately. After preparing a sample, the system cleanses itself and is ready for the next tablet.

Results of assays are easily interpreted by glancing at a continuous line made on a strip chart recorder.

TRIALS OF AN ASSOCIATION SECRETARY

If He Talks on the Subject—He Is Trying To Run Things

If He Is Silent—He Is Dumb or Has Lost Interest

If He Is Usually at the Office—Why Doesn't He Get Out

If He Is Out When We Call—Why Doesn't He Stick Around More Often

If He Is Not At Home At Night—He Must Be Out Carousing

If He Is At Home—He Is Neglecting Outside Contacts

If He Doesn't Agree With You—He Is Ignorant or Bullheaded

If He Does—That's All He Had to Do Anyway

If He Can't Help You Find a Better Job—He's a Poor Contact Man

If He Does—That's What He's Paid For

If He's More Cordial to One Member than Another—He's Playing Politics

If He Should Give Someone a Short Answer—Trim Him Down to Size in the Next Budget

If He Tries to Explain Both Pros and Cons of Something—He's Pussyfooting

If He Is Well Dressed—He Thinks He's a Big Shot

If He Isn't—He's Not a Proper Representative of This Association

If He Takes a Vacation—He's Been on One All Year

If He's Been on the Job a Short Time—He's Too Inexperienced

If He's Been on the Job a Long Time—We Need New Ideas and It's Time For a Change

You Just Can't Win

Contributed by Edward W. Koehler, Exec. Secy., Intl. Paddleboard Race Festival Assn.

New York Times Report Assesses Need To Protect Independent Merchants

The corner pharmacy, the neighborhood stationer, dry goods store and many more of the nation's 1,547,000 retail merchants are fighting for survival, according to a recent report in the *New York Times.*

They are taking legislative action, and backing such measures as the Quality Stabilization bill, wrote *Times* business columnist Herbert Koshetz on Sunday, July 21, to protect them against unfair competition. The bill has already been approved by the House Interstate and Foreign Commerce Committee, and, Koshetz reports, "there is a definite feeling that it has an excellent chance of being enacted into law unless it meets with a Presidential veto."

In assessing the need for protection of America's independent merchants, Koshetz declares:

"Students of marketing know that the basis of distribution in the United States still is in the hands of the small and medium-size retailer. The corner drug store, the neighborhood stationer, dry-goods store, butcher, baker, variety store and others, still move the greatest majority of goods into the hands of consumers."

The small merchant, he says, is responsible for "one of the great miracles of American merchandising"—availability.

"Thousands of items are almost immediately available in small and large communities on the shelves of merchants who have shown a willingness to invest in these goods so that they are quickly and easily obtained."

On the subject of exaggerated price-cutting, one of the abuses the Quality Stabilization bill would help to correct, Koshetz points out that those who cut prices on name-brand products "do not do so from purely altruistic reasons. Admittedly, they are seeking to create store traffic, and know that the consumer who came to buy the cut-price item will stay to buy others that are sold at regular profits."

"It stands to reason, therefore, that if he sells one-tenth of his goods at severely cut prices, then some part of the other nine-tenths must be marked above his average to meet his earnings requirements. The consumer buying that portion of his goods may not be getting anything resembling a bargain," Koshetz says.

NEWS ITEM

Donald O. Fedder, Dundalk pharmacist, was installed as president of the Dundalk Luncheon Optimist Club. He set up a program for the local service club with the motto 'Friend of the Boy." He is also a member of the Board of Directors of the Dundalk Concert Association.

Mr. Fedder is a member of the Executive Committees of the Maryland Pharmaceutical Association and Baltimore Metropolitan Pharmaceutical Association. In the past two years he served as Chairman of the "Drug Show."

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Nathan I. Gruz, Editor
Maryland Pharmacist
650 West Lombard Street
Baltimore 1, Maryland

Dissolution Rate Versus Clinical Response of Prednisone Tablets

Lack of clinical response of a batch of prednisone tablets meeting the specifications prescribed by the United States Pharmacopeia is reported in the June issue of the **Journal of Pharmaceutical Sciences** by a physician and three pharmaceutical scientists.

In the treatment of a white adult woman for familial Mediterranean fever with repeated episodes of clinical peritonitis, the patient failed to respond to prednisone treatment which had been effective in prior occurences. On one occasion after 72 hours treatment with 5 mg. of prednisone four times daily, the patient received no clinical effects from the medication.

Investigation indicated that the patient had received prednisone from a different manufacturer than that which had been used on prior occasions. However, when she was treated with prednisone manufactured by the same firm as used on prior occasions, nearly complete resolution of the clinical syndrome was attained within 24 hours.

The ineffective tablets contained essentially all of their labelled content and passed the present U.S.P. disintergration time test well within the prescribed limits. The disintegration time test measures the rate at which the tablet disintegrates into minute particles.

When subjected to dissolution rate studies, which measure the rate at which the active substance dissolves after disintegration, it was found that the release from the ineffective tablets was much more erratic in regard to tablet-to-tablet variation when compared to the effective tablets. In addition, it was observed that the clinically ineffective tablets dissolved much more slowly than the effective tablets—the latter releasing 50 per cent of their content more than 20 times as rapidly as the ineffective tablets.

These workers conclude that the disintegration rate of tablets may not be indicative of the physiological availability of the active constituent from pharmaceutical tablets, and they note that the dissolution rate test would give results more nearly in accord with clinical experience in the case of prednisone tablets.

Special Drug-Counter Display of 12 Books Offered through Local Paperback Wholesalers by McGraw-Hill

One of the most comprehensive medical aid manuals ever written is being published by McGraw-Hill. Written by Dr. John Henderson, Medical Director of Johnson & Johnson, the 440-page *Emergency Medical Guide* is being published simultaneously as a McGraw-Hill Paperback at $2.95 and with cloth covers at $6.95. A special prepack of twelve of the paperback books has been prepared and is available through local paperback wholesalers. Extra covers can be used for window display.

Emergency Medical Guide covers far more than the usual medical reference or first-aid manual. Doctors and health officials have become increasingly concerned with the large number of lives lost in situations where a doctor is unavailable or is unavoidably delayed. Dr. Henderson's book was written for such emergencies as well as for the usual treatment of minor cuts and burns. One of the most important chapters covers the attention which should and should *not* be given to a victim of multiple injuries, such as from an automobile accident.

The display unit, printed in bright blue and red to offset the red, yellow, black, and white cover, reads, "As essential as your doctor's telephone number . . . a comprehensive, up-to-date manual for your medicine cabinet and the glove compartment of your car? Aside from its use as a home medical manual, *Emergency Medical Guide* will have wide use among fire and police departments, emergency squads, Boy

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Scout and Girl Scout troops and camps, school groups, and sportsmen. Dr. Henderson prepared the book to be the best possible guide for use in fall-out shelters in the event of a national disaster, which makes the book the most comprehensive layman's medical guide available.

Among the many subjects covered are heart attacks, unattended child birth, infant emergencies, unusual high fever, bleeding or burns, choking or drowning, fractures, poisoning, and shock.

New Oral Birth-Control Tablet, Ortho-Novum, Cited As Improved Contraceptive At Singapore Conference

Papers reporting on three studies with the newest method of contraception — the oral tablet, Ortho-Novum, introduced February 1 in the United States—occupied the attention of some 200 delegates from 33 countries at the Seventh International Conference on Planned Parenthood. Delegates were mainly physicians, public health workers, and social workers from nations where population control is of vital importance.

The three Ortho-Novum studies reported this afternoon were conducted by three research teams led by Dr. Edward T. Tyler of the School of Medicine, University of California at Los Angeles; Dr. Joseph W. Goldzieher of the Southwest Foundation for Research and Education, San Antonio, and Dr. Edris Rice-Wray of Mexico City. Their combined studies cover more than five years with a total of 1,377 young women of proven fertility, over more than 34,000 continuous cycles — somewhat more than 2,800 "woman years."

Dr. Rice-Wray's paper covered both her own studies — which have been 100 per cent successful — and those of Dr. Goldzieher's group.

Dr. Rice-Wray's research was conducted over more than four years with 599 women representing all social and economic levels but with a majority from the lowest income group.

The average of previous pregnancies among the study group was 5.3. A number had had as many as 16. Almost 1 in 3 admitted to having provoked 1 or more abortions. None who took the Ortho-Novum tablet as directed — from the fifth through the twenty-fourth day of each menstrual cycle — became pregnant, Dr. Rice-Wray reported.

Side effects, she said, were slight. Only 19 women in the four years withdrew from the study because of them.

Fertility of women who withdrew from the study to become pregnant was unimpaired and, in fact, it appeared to be enhanced, Dr. Rice-Wray said. Of 61 women in this category, 61 per cent became pregnant in the first month. A previous study had shown 34 per cent pregnancies in the first month after withdrawal from other contraceptive regimens.

Dr. Goldzieher's study was devoted primarily to the manner in which oral female sex hormone medications affect fertility, their effectiveness, side effects, acceptability and safety.

Both Ortho-Novum and the only similar drug, Enovid (which has been available for nearly two years for contraceptive use), are combinations of a progestin and an estrogen, he explained. A progestin is a chemical very like the natural "hormone of pregnancy," progesterone. Estrogen is the female sex hormone which is basic to female fertility.

The older drug contains norethynodrel, a synthetic progestin, combined with a synthetic estrogen, mestranol, in the ratio of 985 to 15.

Ortho-Novum contains the synthetic progestin, norethindrone, with mestranol in the ratio of 1,000 to 6. Dr. Goldzieher's opinion is that the higher ratio of estrogen in Enovid is responsible for a considerably higher record of side effects—plus the fact that norethynodrel is known to break down into still more estrogen.

Effectiveness, both for Ortho-Novum and Enovid, Dr. Goldzieher's report pointed out, was far greater than any other contraceptive method. Both tablets, when properly used, have been reported to be 100 per cent effective.

Dr. Tyler, who is associated with the Los Angeles Planned Parenthood Center as well as the University of California, reported on the advantages of the new oral contraceptive over the older tablet.

In discussing Ortho-Novum, Dr. Tyler said, "its major ingredient, norethindrone, is very likely the best synthetic progestational substance available today."

Commenting on the question of side effects, Dr. Tyler said: ". . . in the early stages of norethynodrel contraceptive use, many doctors complained that side effects were so disturbing to them that they were afraid to prescribe the medication because patients would call them day and night complaining. I can assure you at this point that there will be no such problem with Ortho-Novum. This compound is extremely well tolerated by patients . . ."

Nervous Tissue Vaccine Recommended For Immunizing Cats Against Rabies

A veterinarian with the New York State Department of Health recommended that cats be immunized against rabies with a Semple-type, nervous tissue vaccine containing inactivated rabies virus.

Recent studies in which cats were vaccinated with nervous tissue vaccine proved most encouraging, Dr. Donald J. Dean reported in the *Journal of the American Veterinary Medical Association.*

The *Journal* article discussed the comparative qualities of three types of vaccines that can be used in vaccinating cats: nervous tissue vaccine, low egg passage (l. e. p.) vaccine, and high egg passage (h. e. p.) vaccine.

The results of four experiments conducted to determine the extent of protection these vaccines provide indicated that "although all 3 vaccines afforded statistically significant protection against challenge, nervous tissue vaccine out-performed the live virus vaccines," Dr. Dean assertec. "This finding is in sharp contrast to the situation in dogs where l.e.p. vaccine is clearly superior to nervous tissue vaccine."

The *Journal* article pointed out that cats that become rabid after exposure to street virus frequently develop rabies in its furious form. They tend to bite and claw and many times seriously threaten human beings. However, the article contended, transmission of rabies from cat to cat or from the cat to other animals rarely occurs.

"The pre-exposure vaccination of cats against rabies by veterinary practitioners is to be encouraged," Dr. Dean stated. "Cats should be first vaccinated when 3 to 4 months old.

"Irrespective of the type of vaccine used," he contended, "cats should be revaccinated at least annually until further information has been obtained concerning the duration of immunity in this species."

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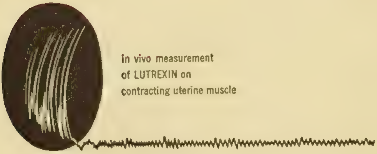

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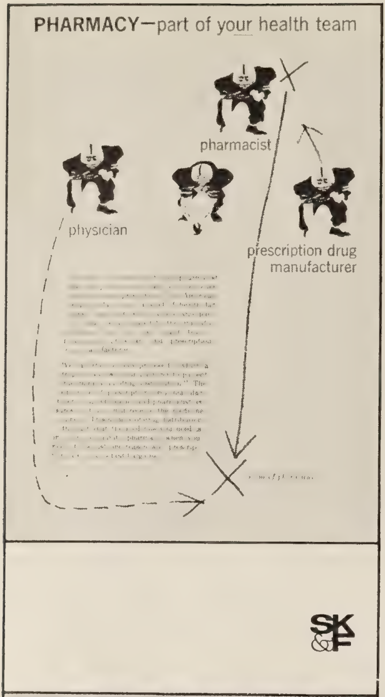

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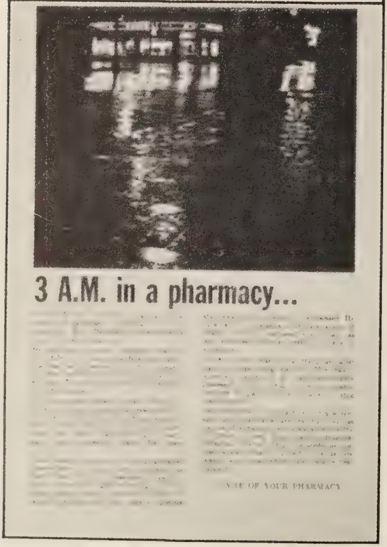

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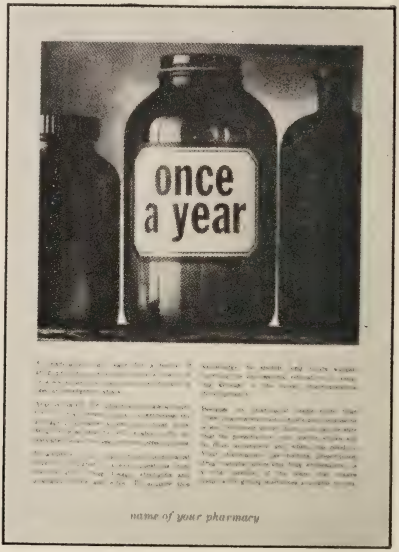

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The Maryland Pharmacist

— NATHAN I. GRUZ, Editor —

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Editorial . . . . . .

Nothing To Look Backward To With Pride And Nothing To Look Forward To With Hope

Are pharmacists today more urgently concerned than ever before with the fate of the profession of Pharmacy? Are pharmacists today more willing to do whatever is necessary to bring to a halt the forces undermining the existence of a free profession of Pharmacy which can maintain opportunities for an individual to practice Pharmacy?

Pharmacists today are demanding that existing conditions be changed. Among the changes they seek are:

1. The creation of a class of drugs that will be sold solely in pharmacies or by pharmacists in order that the public will receive the safeguards to health that only licensed medication experts—*pharmacists*—are qualified to give.
2. The initiation of professional licensing which would bring an end to the promiscuous issuance of permits to operate a pharmacy to any person, even though he is not a licensed pharmacist. Certainly all policy and management decisions concerning pharmaceutical services should be in the hands of pharmacists. Maryland Pharmacy Law (Article 43, Section 268) already requires that a "pharmacy will be constantly under the personal and immediate supervision of a registered pharmacist". It is solely the pharmacist that the state has licensed in the interest of public health and safety to be the specialist responsible for providing effective pharmaceutical services.

Yes, pharmacists may want present conditions changed. However, we must in all candor ask, "Are pharmacists willing to change? Are pharmacists willing to make the required concessions or temporary sacrifices in order to achieve what they believe that the public as well as they are entitled to?"

For example, in order to obtain an exclusive franchise on the sale of certain "over-the-counter" or proprietary drugs, are pharmacists willing to make any changes in the manner in which they display these drugs? Is open display and "self-service" appropriate for the sale of potent proprietary drugs which carry "cautions"? Are pharmacists prepared to closely supervise the sale of potentially dangerous proprietary medicines?

In seeking professional licensing of pharmacies which would confine to pharmacists the issuance of a license or permit to operate a pharmacy, are pharmacists prepared to modify their operations? Are they prepared to revise their physical lay-outs?

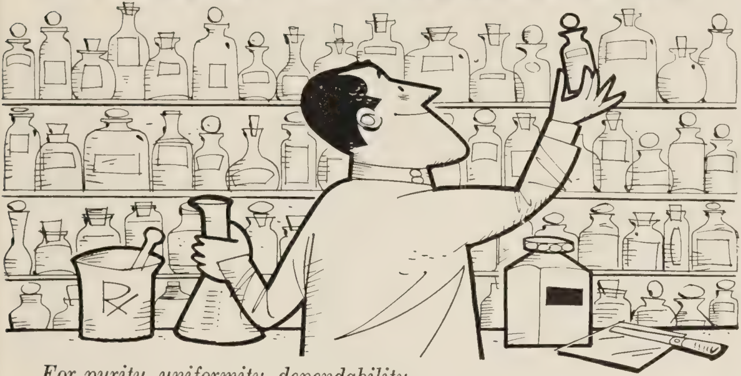
These are questions which pharmacists must think about seriously.

In other words, pharmacists must first be convinced that the interests of the public as well as of the profession of Pharmacy will be best served by these changes. It follows then that, if pharmacists desire to see these changes become law, they must be prepared to face the demands of reality and be willing to make changes in their pharmaceutical practice.

Unless pharmacists will TODAY face up to the realities involved in solving the fundamental problems of Pharmacy, then there will be:

> "Nothing to look backward to with pride and nothing to look forward to with hope".

COMPOUNDING?



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President's Message . . . . . .

Dear Fellow Members:

Like all pharmacists I would like to see the sale of all drugs limited to pharmacists. I feel that we pharmacists have a special obligation and responsibility in the distribution of proprietary drugs as well as prescription medication. We should handle requests for patent medicines with professional care. We should be alert to point out abuses, potential hazards and the danger of promiscuous self-medication.

Our inventories and stocks of proprietary medication should be given special attention so that they are always properly stored and stocks rotated. Personal service should be made readily available to patrons needing advice about patent medicines.

I attended the meeting of the newly reactivated Eastern Shore Pharmaceutical Society in Ocean City. President Howard L. Gordy and all his officers are to be congratulated for getting off to a fine start. Earl Kerpelman was chairman of the Constitution and By-Laws Committee that drew up an excellent guide. I was particularly gratified to see that this is the first local association in our state to require membership in the Maryland Pharmaceutical Association in order to be a member of the local group. I hope this good example will be followed by the other local pharmaceutical associations.

Sincerely,
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*Name of testing organization available on request. Vi-Daylin—Vitamins A, D, B_1, B_2, B_6, B_{12}, C and Nicotinamide. Sucaryl—Non-caloric sweetener, Abbott. 309300

Secretary's Script . . .

A Message from the Executive Secretary

The Legislative Committee, one of the key committees of the Association, is already at work to formulate legislative programs for both the near future and for the years ahead.

In the meantime, pharmacists can right now, in their daily practice, lay a firm foundation to convince both the general public as well as legislators that certain considerations are justified.

Does the outside and inside appearance of each pharmacy demonstrate that the establishment is *primarily* concerned with *pharmaceutical* services and *community health?*

Does every pharmacist maintain the reference materials to enable him to discharge the functions of drug consultant to physicians? Does he engage in a continuing program of professional education through attending association seminars, lectures and conventions and reading journals so that his professional knowledge keeps abreast with new developments in pharmacy, medicine and science? Does he welcome every opportunity to counsel his patrons in their purchases of proprietaries so that self medication is not promiscuous, over-dosage is prevented, dangerous symptoms are not masked and professional medical treatment is not delayed at the possible risk of health or life?

Does every pharmacist indicate by the way in which he displays and sells proprietary medicines that he considers them not as ordinary merchandise to which the usual rules of the market place apply, but that these drugs are unique substances which have a useful role within limitations, but are drugs nevertheless, with the inherent toxic potentialities of all drugs that have therapeutic properties?

Pharmacists can influence the form of Pharmacy of the future, not by mere wishes and words, but by the real *facts* and *acts* that the public actually sees: (1) The facts which each *pharmacy* shows to all in inside and outside *appearance;* and (2) the acts which each *pharmacist* demonstrates in the daily performance of pharmaceutical *services* to the public and to the health professions.

Sincerely,

Nathan I Gruz

Executive Secretary

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School of Pharmacy, U. of M., News ......

National Essay Competition

Each year, a national essay competition, known as the Lunsford Richardson Pharmacy Awards program, is sponsored by Richardson-Merrell, Inc., and its pharmaceutical units, the William S. Merrell Co., National Drug Co., Walker Laboratories, and Vick Products. The objective of these awards is to encourage scientific and professional thinking on the part of the students, both graduate and undergraduate, in the interest of furthering pharmacy as a cardinal member of the American Health Team.

In the graduate competition in this eastern region, the first prize consisting of $500 was won by Dr. Robert E. Havranek, who completed the requirements for the Ph. D. degree with a major in pharmaceutical chemistry in February 1963. Dr. Havranek is the first person to have won two first prizes in this competition, having previously won first prize in 1959 on the basis of his Master's thesis at the University of Maryland.

Pharmacy Staff Promotions

Dr. Noel E. Foss, dean of the University of Maryland School of Pharmacy, announced the promotion of three faculty members.

Norman J. Doorenbos, Ph.D., a member of the pharmacy school staff since 1956, has been promoted to full professor.

Ralph F. Shangraw, Ph.D., who was appointed assistant professor in 1958, has been promoted to associate professor.

Nicolas Zenker, Ph.D., a member of the pharmacy school faculty since 1960, has been promoted to associate professor.

* * *

The doctor wrote out a prescription in his usual illegible hand, but the patient recovered before he had it filled. In due time he forgot what the little piece of paper in his wallet was.

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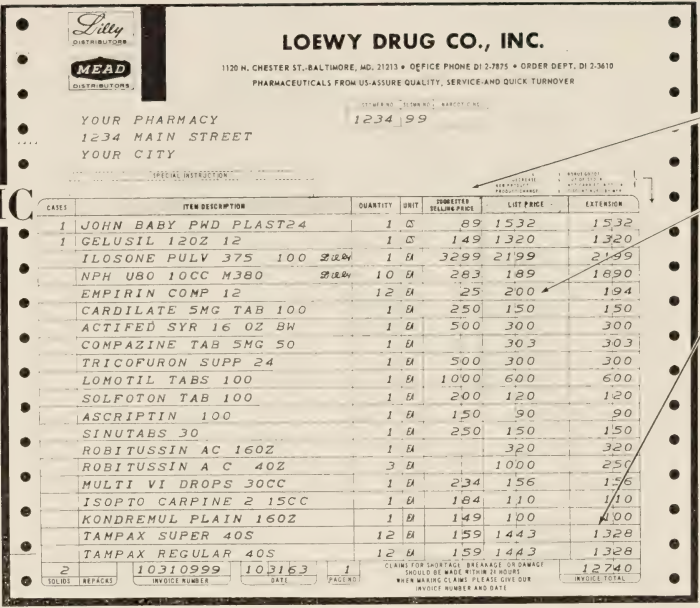

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	ACTIFED SYR 16 OZ BW	1	EA	500	300	300
	COMPAZINE TAB 5MG 50	1	EA		303	303
	TRICOFURON SUPP 24	1	EA	500	300	300
	LOMOTIL TABS 100	1	EA	1000	600	600
	SOLFOTON TAB 100	1	EA	200	120	120
	ASCRIPTIN 100	1	EA	150	90	90
	SINUTABS 30	1	EA	250	150	150
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	MULTI VI DROPS 30CC	1	EA	234	156	156
	ISOPTO CARPINE 2 15CC	1	EA	184	110	110
	KONDREMUL PLAIN 16OZ	1	EA	149	100	100
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Contributions . . . . . .

The Maryland Pharmacist Travels II

by **B. F. Allen***

The author has been pursuing a very active writing program in this Journal for many years. During this period articles have been written on subject matter (for the most part, collection of practical information) which has interested not only the practicing pharmacist but also those in research and product development of pharmaceuticals and related preparations, as well as, some educators.

In this effort to advance the science of pharmacy, extensive technical information has been reviewed by the writer and presented in a practical manner so that one may better understand not only the manufacturer's products but some of the reasons for laboratory investigations.

Pharmaceutical technology as it pertains to practical pharmacy (actual practice or dispensing) is extremely important since the current trend in education is more toward the basic skills of reasoning, experimenting, innovation and tools for analysis.

A recent editorial stated: "The fact must be recognized that many of the present complex questions concerning the safety, efficacy, and quality of drugs are basically concerned with the pharmaceutical sciences, and are only indirectly or incidentally of a medical nature."

Several writers have recently reemphasized the excessive expenditure and the reliance by the public upon proprietary drug labelling and advertising for guidance in autotherapy (self-medication). With his specialized knowledge and training, the pharmacist is in a better position than anyone else to evaluate pharmaceuticals (and many other closely allied commercial preparations) intelligently and to serve the needs of the public.

The most important thing for the pharmacist right now is direction to the better sources of information about drugs, and their proprietary or other tradenames. However, it is important to call attention to the thousands of scientist manhours and hundreds of dollars expended each year by the pharmaceutical and allied industries in the discovery and development of new and useful so-called inert components.

These materials are widely utilized in the formation of many dosage forms which are subsequently used in the conquest of well-known diseases. It has also been noted that government agencies are now showing more interest in "additives" and similar substances (this emphasizes importance of composition, tradenames and other product information which the writer has often stressed in This Journal.

Also, as an example, it is questionable whether even extremely small quantities of materials such as dioctyl sodium sulfosuccinate (widely used fecal softener) should be incorporated in a sugar coating for tablets, or a similar compound dihexyl sodium sulfosuccinate (surfactant) to help reduce disintegration time in tablets (both of these substances have been suggested by one group of formulation investigators).

Pharmacy needs, more than ever before, to bridge the gap which currently exists among our segments of the profession. Differences in opinion occur invariably as a result of misunderstanding of facts and motives. Without proper communication these differences are often intensified.

A comprehensive review (it takes a lot of time to research contemporary literature) of the more significant developments in the pharmaceutical sciences reported during 1962 appeared in the July and August issues of the APhA Journal of Pharmaceutical Sciences. It is encouraging to note that two of this writer's articles (Maryland Pharmacist

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*University of Maryland, School of Pharmacy

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36, 852, 1961 and 37, 671, 1962) were among the many selected references.

It is believed by the author that some readers of This Journal may be interested in the requests for reprints of publications since the first article entitled The Maryland Pharmacist Travels (This Journal 37, 591, 1962). One aspect in particular of some interest is the European flavor which the requests assumed. This substantial proportion of requests originating from European laboratores, etc. reflectes a view of current activity in the pharmaceutical sciences.

However, instead of reprints being sent, the entire issue of that particular journal in which the article appeared was forwarded to the parties designated in the following tabulation.

Title of Article	Requested by
1. Belladonna Leaf Extractions	1. New Delhi, India (Principal Scientific Officer)
2. Pharmaceutical Uses of Isopropyl Alcohol	2. Same as 1
3. Use of Some Fatty Alcohols in Pharmacy	3. Drew Chemical Corp. Alcon Laboratories, Inc. Helene Curtis Industries, Inc. Czechoslovakia (University of Komensky
4. Absorption Ointment Bases	4. Same as 3
5. Drug Extraction with Isopropyl and Ethyl Alcohols	5. Germany (a doctor) New Delhi, India (Principal Scientific Officer)
6. Hydrophilic Petrolatum	6. Same as 3
7. Uses of Sodium Louryl Sulfate	7. Warner Jenkinson Mfg. Co. Budapest, Hungary (a doctor) Yorkshire, England (Croda Limited)
8. Some Modified Hydrophilic Petrolatums	8. Same as 3
9. Some Saturated Fatty Acids	9. Drew Chemical Corporation
10. Pharmaceutical Applications of Pectin	10. Czechoslovakia (Research Institute for Natural Drugs) Barcelona, Spain (University of Barcelona)
11. Water-Soluble and Water-Miscible Suppository Vehicles	11. Butler University (College of Pharmacy)
12. Polyoxyl 40 Stearate	12. Drew Chemical Corp. Budapest, Hungary (a doctor) Poznan, Poland (Medical Academy)

Author's Note: Many communications have also been received from local pharmacists dealing primarily with prescription problems involving some of the chemical substances reviewed in This Journal. However, several requests have been received pertaining to other topics which to date we are unable to offer any concrete suggestions.

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Notes On The History Of Pharmacy In Maryland

By B. Olive Cole

ENTRANCE REQUIREMENTS AND CURRICULUM

When considering the subject of education and especially the education of pharmacists, it might be stated that there is a general renaissance, which is described in the Dictionary as "A new birth or revival," "or any period characterized by vigorous activity along literary, artistic, or other lines." General education, and particularly the education of pharmacists, is at present undergoing such a revival.

In 1852 when the American Pharmaceutical Association was organized, the subject of pharmaceutical education was one of great importance and deserving of consideration in the Convention, the primary object being the improvement of the standard practices throughout the country, which could not be effected without the extension of the then means of education, either by schools or by an increase in facilities offered by proprietors to their apprentices or assistants.

Maryland was represented at the Convention in Philadelphia by George W. Andrews—a president of the Maryland College of Pharmacy; Dr. David Stewart, the first professor of Pharmacy in the United States, who was then Examiner at the Port of Baltimore; William Procter, Jr., a native son of Maryland, then in Philadelphia; and J. B. H. Campbell of Cumberland. A Constitution and Code of Ethics were prepared. Article V of the Constitution stated in part "The important influence exerted on the practice of pharmacy by a large proportion of the physicians who have resigned their duties and emoluments to the apothecary, are reasons why the apothecaries should seek their favorable opinion and friendship by earnest endeavors to furnish their patients with pure and well-prepared medicines."

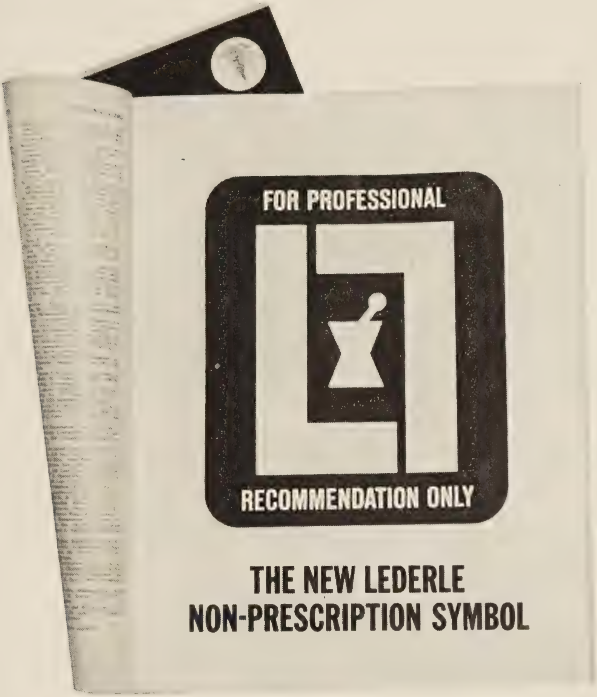
By far the greater number of our pharmacies are owned by pharmacists; in 1852 the reverse was the order. Despite the gradual change to pharmacist-owned pharmacies, we still face situations where pharmacies are owned by physicians, and the sale of drugs and medicines made by merchants who do not operate under the supervision of pharmacists, which are matters of deep concern to our profession.

In the early days our educational programs were geared to the actual compounding of drugs at the prescription counter. In 1872, Albert B. Prescott, (representing the first State School of Pharmacy—that of the University of Michigan) in convention in St. Louis, said "There is now a general demand for school training in technical science for all young men who are to enter upon vocations requiring application of science."

The steady progress that has been made has kept pace with the practical and industrial needs of the profession. Since 1932, when all schools of pharmacy adopted the uniform four-year course, the professional advancement of pharmacy has been material. The young men and women entering into the major phase of their life's work are conscious of the roll the pharmacist may play through his professional service to medical care.

Many learned pharmacists and special appointed groups of educators and practicing pharmacists have contributed to progress in the education of pharmacy students. The National Drug Store Survey, inaugurated in 1932 by representatives of the drug industry, considered the education of pharmacists, as well as merchandizing, wholesale druggists operations, drug store arrangements, cause of failure in drug stores and requirements of the drug store package.

The object of a study reported in 1927 "Basic Material for a Pharmaceutical Curriculum," by W. W. Charters, A. B. Lemon and Leon Mondell, was to derive the content for a pharma-



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ceutical curriculum from an analysis of the responsibilities of the pharmacist and the special training needed by him to fulfill his obligations to the profession and to the community.

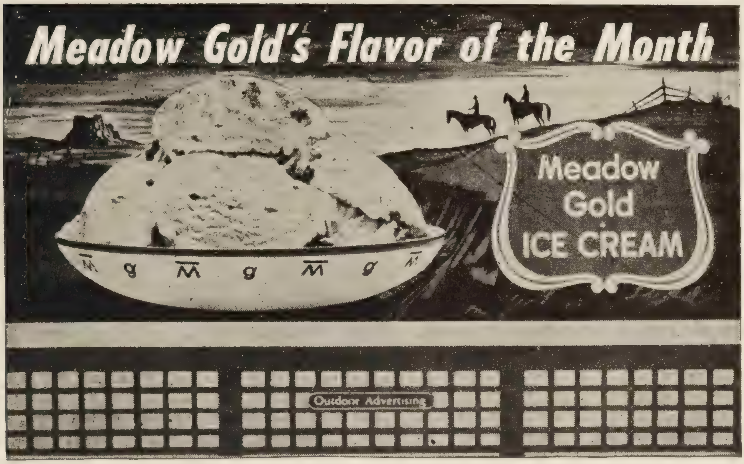
The capable pharmacist needs ability to manage a solvent pharmacy that yields sufficient profit for his livelihood; advisory service to his customers; the control of non-pharmacy items; general knowledge of hospital pharmacy, research, government service and teaching; to manage and carry on the activities of the various organizations of the profession; and preparation, if called upon, to discharge the licensing functions involved in constructing and administering professional examinations and grading of papers. These abilities are developed partly through general education and partly through professional education.

For years educational matters were discussed in the annual meetings of the American Pharmaceutical Association, largely in the Section on Education and Legislation.

The first standardization body for colleges of pharmacy was the American Conference of Pharmaceutical Faculties organized in 1900, and its successor named in 1925 as the American Association of Colleges of Pharmacy. The four-year high school requirement of 1917 became binding upon the schools of the Conference in 1923. At that time Dean Frederick J. Wulling of Minnesota stated "the requirement should be two years of academic training in the universities above the high schools as a preliminary for admission to colleges of pharmacy."

In 1906 the National Syllabus Committee was organized by three pharmaceutical groups—New York Board of Pharmacy, National Association of Boards of Pharmacy and the American Conference of Pharmaceutical Faculties. Results published in 1910 gave a general outline of course of study by subjects and hours and outlines indicating the general scope and character of instruction to be given in a minimum course in pharmacy. The second edition was published in 1913, the third in 1922 outlined a two-year course with the degree of Graduate in Pharmacy. In 1925 there was an addendum to the third edition outlining a minimum three-year course. The fourth edition in 1932 outlined a four-year course leading to the degree of Bachelor of Pharmacy, giving as purposes the essentials in a curriculum fostering a degree of uniformity in training irrespective of the geographical location of the teaching institution. A tentative fifth edition of the Syllabus was issued in mimeograph form. Objections to the Syllabus followed by the official action of the Executive Committee of the American Association of Colleges of Pharmacy in making known the opposition of the Association (1945) to the American Council on Pharmaceutical Education (an organization formed in 1932 for the accreditation of schools of pharmacy) to any action that would make the Pharmaceutical Syllabus obligatory as a standard for accreditation. The American Pharmaceutical Association and the National Association of Boards of Pharmacy also indicated that they no longer wished to participate in the activities of the Pharmaceutical Syllabus. This cumulating action led the committee to recommend that it be dissolved as a joint committee and that the American Association of Colleges of Pharmacy establish a standing committee on Curriculum.

The Pharmaceutical Survey was a broad-scale study of American pharmacy, including pharmaceutical education. It originated in the united efforts of the National Association of Boards of Pharmacy, the American Association of Colleges of Pharmacy and the American Pharmaceutical Association. The study which was initiated in 1946 was conducted under the auspices of the American Council on Education and supported by funds provided by the American Foundation for Pharmaceuti-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cal Education with W. W. Charter as chairman and Edward C. Elliott as Director. The stated task of the Survey was to assemble the important facts relating to pharmaceutical education, practices, services, and trade; to interpret these facts; and to develop proposals for the betterment of pharmacy as a profession and as a public service. Two reports and four monographs were published by the Survey. On June 30, 1951 in accordance with a resolution, the report of the Survey was placed in the hands of the Committee on Curriculum of the American Association of Colleges of Pharmacy for revision, rearrangement, and publication.

In 1941 President H. Evert Kendig of the American Association of Colleges of Pharmacy, recommended that the Committee on Problems and Plans give consideration to a pre-college course of appropriate content and length as an entrance requirement of schools and colleges of pharmacy to become effective at a practicable future date or year.

In 1948 Dean J. Lester Heyman of the West Virginia College of Pharmacy, in his address as incoming president, advocated a period of pre-pharmacy education of two or more years, and the reappraisal of the pharmacy curriculum.

In 1939 the curriculum of the School of Pharmacy of the University of Maryland was revised by the following committee: Dr. Walter H. Hartung, Chairman, Dr. C. W. Chapman, Dr. A. W. Richeson, Dr. J. Carleton Wolf and B. Olive Cole.

The Committee on Curriculum of the American Association of Colleges of Pharmacy was created in 1946, and in 1949 the committee, with Dr. George L. Webster, Chairman, made a report based upon the mandate laid on the committee in 1948, continuing the study of the Pharmaceutical Curriculum with regard to: needs of the profession; correlation of the curriculum with advances in gen- course analysis; methods of teaching eral education; form and operation of the curriculum within the schools; and achievements of students and graduates. The study included re-examination of the potentials of a four-year curriculum and also the program of additional years of study—one year program of the pre-professional plus four years professional, 2 plus 3 program and also the 2 plus 4 program drawn from the results from fifty replies from 65 blanks sent to Schools of pharmacy.

In 1952 the Pharmaceutical Curriculum, prepared by Dr. Lloyd E. Blauch, Associate Chief for Education in the Health Professions, Office of Education Federal Security Agency, and Dr. George L. Webster, Professor of Chemistry, School of Pharmacy, University of Illinois, was published by the American Council on Education. The Pharmaceutical Curriculum in a single volume has recorded the facts and observations about pharmaceutical education, drawn from the Pharmaceutical Survey and informed judgment of the members of the committee.

The Committee on Constitution and By-Laws proposed a course of instruction of five full college years of at least 32 weeks each; to authorize the degree of Bachelor of Science or Bachelor of Science in Pharmacy and to make these requirements effective on or after July 1, 1956.

The Pharmaceutical Curriculum is divided into chapters covering Objectives of Pharmaceutical Education; General Education; Physical Sciences and Mathematics; Biological Sciences; Pharmacy; Professional Orientation; Pharmacy Administration; Curriculum Development; Curriculum Based on College Education; and Principal Conclusions, and serves as a guide in pharmaceutical education to prepare those who complete the study to conduct community pharmacies and to occupy a position with regard to other professions and the welfare of the community.

As a result of the decision of the American Council on Education, students beginning a pharmacy or prepharmacy curriculum on or after April

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1, 1960, will be required to enroll in the academic program of not less than five years. The University of Maryland five-year program consists of two years pre-professional and three years of professional program, the latter at the School of Pharmacy in Baltimore. The pre-professional program may be obtained at the College Park campus or at any other accredited university or college where appropriate courses are offered. A scholastic average of not less than C from the pre-professional program will qualify for admission to the professional pharmacy program in the pharmacy course in Baltimore. Applications for admission to Pharmacy courses must be made to the Director of Admissions at College Park.

The renaissance in education is being experienced in kindergarden, elementary schools, high schools, colleges, adult education, and systematic independent self-study.

Education is big in terms of money. The nation's colleges and universities have total assets in terms of land, building and equipment, and capital such as endowments, of nearly $22,000,000,000. College and university revenue is more than $5,000,000,000 annually, a full billion more than the annual sales of General Electric. Education is big in terms of impact. Frances Keppel, U.S. Commissioner of Education said: "It has been estimated in recent years that our investment in education has been responsible for up to forty per cent of the nation's growth and productivity." A factor in the changing educational scene is the technological revolution of recent years. By comparison, the famed "Industrial Revolution" of the nineteenth century pales to a minor shift of emphasis. The School of Pharmacy of the University of Maryland is prepared to enter into the renaissance of pharmaceutical education through many scholarships and grants-in-aid; memorials, foundations, research and endowments, as well as fellowships and loans to qualified students.

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Pharmacy, By Pharmacists, in Pharmacies*

By LEE E. EILER
F.A.C.A., Dayton, Ohio

Today I want to express my views on contemporary Pharmacy. At the outset I want to make it clear that my remarks are not directed at any individual but are made in the hope that they will contribute in a constructive way to the very considerable dialogue now going on within Pharmacy.

The reaction to my recent statements by some who opposed by point of view was not altogether unexpected, but the time is long past when pharmacists can live by the old concept of the past, in self assured complacency; change is upon us and we must meet it with new thoughts and concepts. The recent statement referred to earlier was the well-publicized statement made that "I believe there is no shortage of pharmacists, there are just too many pharmacies." I still hold that view and a manpower study recently completed by the U.S. Public Health Service further confirms it.

I would not belabor this point except that I also believe that this overabundance of pharmacies is contributing directly to the basic problem that is facing Pharmacy today . . . the decline of Pharmacy as a profession.

An exercise in simple arithmetic tells us that if the number of prescriptions filled in this country last year were equally divided among the number of practicing pharmacists, each would fill approximately 20 per day. We know, of course, that many so-called pharmacies fill fewer than this. We also know that so few prescriptions cannot possibly support a professional and yet these pharmacies continue to show a nice profit. Why? Because they merchandise.

I've heard pharmacists elaborate with pride on their merchandising abilities while the subject of professionalism never comes up. They are so consumed with worrying about what their competitors, the grocer, the hardware store and the delicatessen are doing that they completely ignore their real reason, or what should be their real reason for existence, the prescription and drug departments. The result has been a degradation of our public image as professionals.

Ironically, this deterioration of professionalism has occurred at the precise time in history when Pharmacy should have realized its most rapid and strongest growth as a profession. I refer to the advent of chemotherapeutic agents and synthetic drugs. Most of the advances in this field have occurred within the last 15 to 20 years and were concurrent with many of the problems existing in Pharmacy today. Pharmacy did not keep pace and we are still lagging behind.

While pharmacists, who professed to be experts on drugs, spent their time filling up acres of floor space with out-front merchandise, others with vision and professional perspective picked up the ball and ran with it. The pharmaceutical manufacturers and the physicians, largely out of necessity and partly out of lack of informed opposition from merchandising pharmacists, took over the research, marketing and regulation of the commerce of drugs to the extent that today we pharmacists have little, if anything to do with this area of Pharmacy.

Consider for a moment who evaluates drugs for their safety and efficacy and therapeutic performance? Who determines how a new drug will be distributed to the general public? Who in your state is responsible for the assay of drugs produced *within* your state? I'm embarrassed to say that in mine it's the agriculture department!

---

*Presented to the Virginia Pharmaceutical Association.

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And how about the over-the-counter drugs, do we pharmacists make an effort to screen these drugs as to their safety and worth? Or do we simply set them in an out-front aisle and so long as they are "turning over" or "moving" forget about them? Must we docilely accept everything the hucksters create a sale for, regardless of its benefits to the public? Are we really serving the public interest as pharmacists and experts on drugs?

The painful truth is that the majority of pharmacists have relegated *themselves* to pseudo-professionalism by defaulting their professional obligations for the role of merchandising.

Only now when mass production and changing distribution patterns are threatening these ventures, are pharmacists belatedly beginning to realize that their one real forte is the license that hangs in the long-neglected prescription department. Sadly enough we are learning that even this can be, and is, merchandized to the highest bidder. The only cost to the pharmacist who does so is the slight discounting of his personal pride and his profession. He fails to see that he is being used merely as a decoy by these mass merchandising giants to lend the virtues of prestige and dependability of Pharmacy to an otherwise merchandising operation. The pharmacist who sells himself to these operators seldom serves any real public need . . . the basis upon which professional service must be judged.

The 1199 Drug News, an official publication of the Drug and Hospital Union of New York did their own study of Pharmacy and came up with this opinion:

"Every profession owes a service to the public which supports it and every profession properly seeks to secure the economic and prestige position for its members.

"This dual responsibility is realizable where public needs can be fulfilled by less or optimum numbers rather than by too many professionals. On the other hand, overservice to the public concomitant with an oversupply, inevitably ends in a deterioration of the quality of service to the public."

Nowhere is this deterioration more apparent than in the limited service; limited, low-cost, fast-turnover prescription stocks philosophy of the discount pharmacies which recently burgeoned.

While the problems in Pharmacy are vast and many pharmacists are even beginning to question the profession's chances for survival, no problem ever existed for which there was no solution. And this is true of Pharmacy today. There is a solution to our problems. But first we must analyze exactly what these problems are, then we must decide what our course of action will be to solve them and finally we must have the courage and stickability to work our plans.

Let me emphasize now that I have never advocated the closing of 35,000 pharmacies or any policy that would result in such an upheaval as I have been quoted.

I do believe, however, that we need to strengthen our Boards of Pharmacy and the licensing laws for community pharmacies in all states. These laws should be standardized as much as possible throughout the 50 states and should clearly define what constitutes a pharmacy. They should restrict ownership and supervision to pharmacists only, and, if need be, pharmacies should be franchised by the Boards of Pharmacy (as in many European countries) so that the establishment of a pharmacy could be based upon the need for this service within a community. In time this would eliminate the pharmacy that fills less than 20 prescriptions per day and assure the pharmacist an adequate income from his professional practice.

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The next thing we need to do is to make sure that the number of students entering and graduating from our colleges of pharmacy do not exceed the number required to maintain both themselves and adequate pharmaceutical service to the public.

Pharmacy education must be widened in scope to better prepare the pharmacist for the role of drug consultant . . . because as each specialty in medicine becomes more and more involved, the importance of selecting the exact drug will mean a thorough knowledge of its absorption, utilization and excretion by the human body. I see a need for the immediate expansion of courses such as pharmacology, biochemistry, physiology and anatomy, if, as we claim, we are to be qualified consultants on drugs.

And in many areas of the country there is a need and an opportunity for pharmacists to enter the field of orthopedic appliances, surgical appliances and similar health needs.

Recent discoveries in all areas of drug use promise an exciting and interesting future for pharmacists who aspire to be real drug consultants.

For example, the extent of incompatibilities among many of the synthetic drugs are only now beginning to be realized.

Physical Pharmacy will undoubtedly be a fascinating field for only recently it has been dramatically demonstrated that the proper formulation of a drug may have everything to do with its performance in the human body.

Pharmacists of the future must be academically equipped to discuss these and other subjects and they must be able to explain the relative merits of all drugs available for the treatment of a specific disease.

None of these things will be possible or will ever be accomplished without vision, determination and leadership on the part of pharmacists. No one is going to hand us professional prestige on a platter, nor will degrees added to the pharmacist's signature accomplish this purpose. These things can only be attained by the individual pharmacist himself by the manner in which he practices pharmacy from day to day and by his own evaluation of his professional role and the service he gives.

Pharmacists must return to the practice of Pharmacy in pharmacies, if they are going to properly serve the needs of the public. It bears repeating that whether Pharmacy survives or not will be decided ultimately by the public and when a pharmacist ceases to supply or have an interest in the health needs of the community in which he practices, he no longer has reason to exist, he ceases to be a pharmacist except in name only, and the public is the first to become aware of this.

I believe we are seeing a trend away from general pharmacies, I mean those who sell everything, by both the public and pharmacists and with the ever increasing number of younger pharmacists with extensive scientific training, the trend will accelerate.

Professionalism seems to be uppermost in the minds of the student interns and newly graduated pharmacists who come to my office in a steady stream. They are seeking a way to make the most of their training and the general drug store, especially those in which the prescription has become a sideline, no longer represents their goal. They want to practice Pharmacy and they want to practice it in a professional atmosphere.

For those independent owners who have already persuaded themselves that the practice of Pharmacy belongs in a professional pharmacy, the complete transition is even then sometimes difficult.

I recently visited several professional pharmacies. Most of them were beautifully appointed and most were located in professional buildings. But a number of them could not resist filling up the

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floor space with greeting cards, boxed candies and peanut vending machines.

They told me, somewhat apologetically, that these items would be eliminated when the prescription department "got going."

This is just the reverse of my thinking. I believe that you have to get rid of these items before you *can* get going. I did a few quick calculations after leaving these pharmacies and discovered that for the inventory investment in those items, these pharmacists were receiving a return of pennies a day. What they would lose in getting rid of them would be more than compensated by the improvement in the professional atmosphere of these pharmacies . . . and this is true of many items in dozens of other pharmacies.

The upgrading of any pharmacy begins simply with the owner's decision to do so. He must decide that he will spend at least as much time promoting his prescription department and his services as he had formerly spent in pricing merchandise and buying sundries.

Sometimes I think that sundry salesmen do a real disservice to pharmacists by calling on them. They are often very persuasive and talk the pharmacist into buying just about anything if he can make a few cents profit on it.

When I visited a large city a few years ago I was struck by the probable income a dinner-ware salesman had made. Because about every drug store in town, I hesitate to call them pharmacies, had huge displays of it. Someone had made a killing on throw rugs, too. Some stores even displayed these in their windows.

In my opinion the pharmacists' time would be far more profitably spent in talking with professional medical representatives. I consider them a real asset to us and, as I have often told them, they are the only people who work for us who are not on our payroll.

All of the purchasing for our company is done by one man, a *pharmacist*. This eliminates salesmen calling on our managers individually to test their sales resistance and waste their time. I'm sure that over the years this has saved us a lot of money in inventories as well as helping us maintain stocks that are strictly professionally oriented.

I am not a doom crier. I believe that our profession has a rich and promising future . . . if . . . pharmacists return to the practice of Pharmacy in pharmacies, hospitals, public health agencies, nursing homes and in every area of research, manufacturing and education or anywhere else that our services are needed or where drugs are dispensed. If pharmacists truly returned to the practice of their profession in all these areas, there would probably be a shortage of pharmacists.

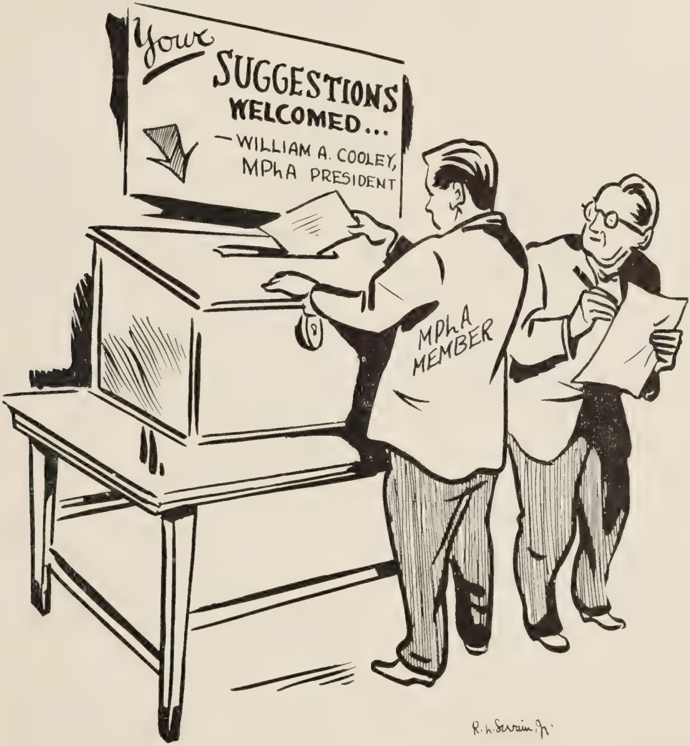
But as long as we default our duties and allow others who are often untrained to perform these services for the public in our stead, we neither deserve nor will we retain our professional status or prestige.

People and professioss can and do change. Dentistry is a shining example of what can be done to improve and elevate the standards of a health profession from within through efficient organization. This can and must be done in Pharmacy. If we don't we are going to see more and more interference from all branches of government and from other encroachers who understand the importance of Pharmacy to the total existence of our society.

We must put away petty personal differences and work together for professional unity. Unity is vital to the proper performance of our professional duties and the protection of the public.

Part of this thalidomide tragedy rests with us, appalling as the thought might be. All of that drug has never been recovered. Have we moved fast enough and with determination to see that the distribution of clinical trial drugs is properly controlled so that such a tragedy is not repeated? It might never have happened in the first place had Pharmacy and pharmacists been militant in their duty to the public. The result has been that the Federal Government has taken over the role that we neglected, again by default.

Time is our enemy. We must work to unify Pharmacy at all levels and pharmacists must return to the practice of Pharmacy. We must face the facts as they are and not as we would like them to be. We can no longer blame the illusive, indefinable "they." Our problems were created by pharmacists and they can be solved by pharmacists if we face the truth squarely and act upon it.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MPhA MEMBER
R. L. Servain, Jr.

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Sam Sieger

Volume 21 SEPTEMBER, 1963 No. 10

T.A.M.P. News

SEPTEMBER MEETING

One of T.A.M.P.A.'s important meetings of the year—the installation of officers was held on September 7, 1963 at Bernie Lee's Penn Hotel in Towson.

The meeting was preceded by the usual social hour of good fellowship and luncheon.

The officers and members of the executive committee who were nominated and elected at T.A.M.P.A.'s 47th Annual Meeting at the Convention in Atlantic City were duly installed.

Don Steiner, program chairman, arranged for Wes Stock of the Baltimore Orioles to attend as the guest of the day.

H. Sheeler Read, outgoing president, wished the new administration a successful year.

T.A.M.P. Committees

Attendance — Frank Watkins, Chairman; Robert A. Williams, Board Adviser; Joe Hugg, John A. Ratigan.

Custodian — Dave Mervis, Chairman; Al Settler, Board Adviser; Dominic Capuano, Mark Satou.

Luncheon—Larry Rorapaugh, Chairman; William A. Pokorny, Board Adviser; Dorsey Boyle, George S. Euler.

Maryland Pharmacist—Wilson Spilker, Chairman; Frank J. Slama, Board Adviser; Lou Rockman, Sam Sieger.

Membership—John M. Albert, Chairman; Bernie Appel, Board Adviser; Don Spedden, Carl Esposito.

Program—George H. A. Kommalan, Chairman; Robert Tobias, Board Adviser; Don Steiner, Bernie Ulman, Jr.

Publicity—Edwin M. Kabernagel, Jr., Chairman; Swen Justis, Board Adviser; Dick Crane, George Brandt.

Welfare — Tom Mullen, Chairman; Kenneth L. Whitehead, Board Adviser; Ken Love, Bernie Ulman, Sr.

Emory G. Helm Memorial Fund—Joseph Muth, Chairman; Howard L. Dickson, Board Adviser; Marty Rochlin, Albert Hoehn.

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Stewart "In-fra-red Toasted" Hot Sandwich Service requires no cooks or special employees. You can serve your customers these delicious sandwiches with your present help. You increase profit per employee wtihout increasing overhead.

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PRESIDENT'S MESSAGE

Baltimore Metropolitan Pharmaceutical Association

The Baltimore Metropolitan Pharmaceutical Association regular meetings are planned to assist pharmacists in better coping with the many professional, legislative, economic and business problems with which they are daily confronted.

The September meeting had two program features. The "New Pharmacy Laws of 1963—Regulations and Enforcement" was presented by Francis S. Balassone, Secretary, Maryland Board of Pharmacy, and by Joseph S. Kaufman, our legal counsel.

In addition, a most timely and helpful message was brought by Herman Bloom of Paramount Photo Service, who spoke on 'How Film Sales Can Be Profitable".

The B.M.P.A. is anxious to provide the kind of programs that will be both helpful and informative. Your suggestions as to programs and kinds of meetings are welcome. I invite our members to contact me or Secretary Gruz as to any ideas that the program Committee can use in planning meetings that will meet the needs of our members.

We have received reports of some counterfeit drugs with counterfeit labels which have been distributed by mail directly or through small jobber. A word of caution should be sufficient—purchase from authorized distributors of pharmaceuticals and avoid the possibility of receiving drugs which do not meet the proper standards.

It is also good policy to check your magazine and paperback book department. Care should be exercised in displaying reading matter which may not be suitable for youngsters patronizing your pharmacy.

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NEWS ITEMS . . . . . .

Drug Store Changes

September, 1963, affecting Registered Pharmacies in Maryland:

New

Drug Fair of Maryland, Inc., 1005 Bay Ridge Avenue, Annapolis, Maryland, Milton L. Elsberg, Pres.

Change of Ownership or Location

Whitesell Pharmacy, Inc., Reese E. Whitesell and Curtis A. Bowen, Props., 238 N. Market Street, Frederick, Maryland (Formerly: E. E. Whitesell, Pres.).

Garrison Pharmacy, 4709 Garrison Boulevard, Baltimore 15, Maryland, David Weiner, Prop. (Formerly: George Lichter, Lichter's Pharmacy).

Payne's Pharmacy, 5 W. Potomac Street, Brunswick, Maryland, Harry Payne, Prop. (Formerly: Edith Y. Fribush, Fribush Rexall Pharmacy #1).

On Writing Your Congressman

Members of Congress appreciate thoughtful letters from their constituents on current subjects and legislation. Such letters keep them advised on conditions in their district, and are a most effective form of contact. They are in many instances the only contact a Congressman has with his people while the Congress is in session.

In order to effectively represent his constituents, a Congressman must depend on what those constituents tell him and nothing has been found equal to the written word in that respect. Your letters, therefore, are not a burden. They are a real help and every Congressman wants to receive them from the people he represents.

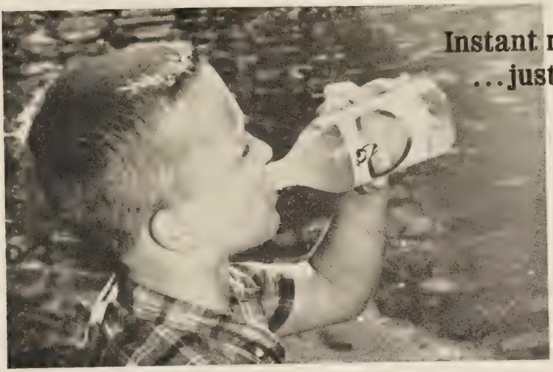
In writing to your Congressman it is well to remember a few simple rules. It will make for an intelligent appraisal of your letter and will enable him to give you a direct answer. Address him always as "Honorable" and be sure to spell his name correctly. Letters to members of the House of Representatives should be addressed to the "House Office Building" and to Senators to the "Senate Office Building," Washington, D.C. In addition you should

1. Make your letters brief without omitting necessary details.
2. Write on one side of the paper only.
3. State the subject of your letter in the first paragraph.
4. Tell him of your own personal interest in the subject.
5. Always sign your full name and give your street address.
6. Type your letters when possible to do so.
7. If you are an officer of an organization, give him your title.
8. Confine each letter to a single subject.
9. Refer to the bill you are interested in by number and subject.
10. If he is not a member of the Committee concerned, ask him to urge his friends on the Committee to give the bill favorable consideration.
11. Be courteous in your approach.

There are also a number of things you should NOT do when writing your Congressman and it will be well to keep them in mind:

1. *DO NOT* become abusive nor adopt a demanding attitude.
2. *DO NOT* make a promise or threat of political support or reprisal.
3. *DO NOT* make wild statements that are not susceptible to proof.
4. *DO NOT* berate him for having voted contrary to your desires on some other matter.
5. Above all, *DO NOT* send him a chain letter, or a form letter, or a round-robin signed by others, and *don't use a postal card.*

After he has taken an action of which you approve, don't forget to thank him and let him know you appreciate his action.



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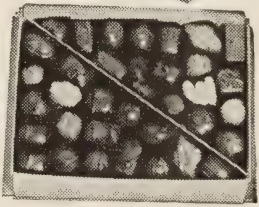

Eastern Shore Pharmaceutical Society

Officers

Howard L. Gordy, President
William J. Appel, 1st Vice President
I. Earl Kerpelman, 2nd Vice President
Thomas J. Hayman, Secretary
Thomas M. Payne, Treasurer

Executive Committee

Caroline—Joseph J. Jordan
Cecil—George M. Schmidt
Dorchester—Robert J. Kelly
Kent—Vito Tinelli, Jr.
Queen Annes—Charles G. Dunn
Somerset—Clyde G. Johnson
Talbot—James B. Ortt
Wicomico—Louis H. Kraus, Jr.
Worcester—Robert V. Cherricks

* * *

The Eastern Shore Pharmaceutical Society has been reactivated this year after being dormant for a number of years. An organizational meeting was called by Nathan I. Gruz, Executive Secretary of the Maryland Pharmaceutical Association, on May 27th at the Tidewater Inn, Easton. Howard L. Gordy, Past President of the M.P.A. and member of the Executive Committee, served as chairman in this project. A representative group attended and expressed great interest and enthusiasm in this effort. All pharmacists on the Eastern Shore were invited to attend. It was decided to hold a second meeting in June in Salisbury to elect officers and consider a constitution.

William J. Appel of Easton and I. Earl Kerpelman of Salisbury agreed to serve as co-chairmen of the reorganizing group. Mr. Kerpelman was in charge of arranging a meeting in Salisbury. The second meeting was held on June 19th in Salisbury with an excellent attendance of pharmacists from the various areas of the Eastern Shore.

It was decided that all pharmacists would be eligible for Active Membership. Salesmen, detailmen and others allied with Pharmacy would be eligible for Associate Membership. It was agreed to hold four meetings a year.

The election of officers and Executive Committee was then held.

The following committee chairmen were appointed: Membership Committee — Philip Lindeman; Publicity — Mr. Koppelman; Constitution & By-Laws—I. Earl Kerpelman, Chairman; Minor J. Kavanaugh, George M. Schmidt, Lee A. Gordy and Howard L. Gordy Ex-Officio. I. Earl Kerpelman, Howard L. Gordy and John J. Engberg were suggested for consideration on the Executive Committee of the Maryland Pharmaceutical Association. Louis H. Kraus, Jr., served as Acting Secretary for the meeting.

The next meeting was held in Ocean City, Maryland, at the Commander Hotel on September 8th with President Gordy presiding at a fine turnout. Earl Kerpelman presented the proposed By-Laws, which were adopted with a few additions. The By-Laws require that all active members must be members in good standing in the Maryland Pharmaceutical Association. Thus the Eastern Shore Pharmaceutical Society took the leadership among local pharmaceutical association in Maryland in requiring membership in the state professional association.

Following the business meeting, the Society adjourned to the dining room where they were joined by the ladies. The group was addressed by President William A. Cooley, who brought greetings from the state association, and by Secretary Gruz. Samuel Wertheimer, member of the Executive Committee from Cumberland, also attended.

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Prince Georges-Montgomery County Pharmaceutical Association News

The guest speaker at the meeting on September 11th in Silver Spring was F. S. Balassone, Secretary of the Maryland Board of Pharmacy and Chief, Division of Drug Control, State Department of Health. Mr. Balassone commented on the new sections of the Maryland Pharmacy enacted in 1963. He expressed the view that the new laws would solve some of the problems in Pharmacy.

In addition, Secretary Balassone reviewed some of the laws and regulations which he felt needed reemphasis: prescriptions without any refills indicated should not be refilled without first receiving authorization from the prescribing physician; refills should be noted on the back of each prescription with a notation as to date, time and number of refills authorized; the unauthorized refilling of a prescription is the equivalent of selling a legend drug over the counter; the term P.R.N. has no official Federal definition. Exempt narcotics may be dispensed or sold in good faith and only for medicinal purposes. The pharmacist must exercise professional judgment in selling exempt narcotics and has full responsibility to use due care in each sale.

Secretary Balassone stressed that drugs should be purchased from authorized sources only and received in proper containers with the required labelling. It was noted that no product containing barbiturates can be sold without a prescription in Maryland. This, of course, applies to Primatene and Tedral.

In the question and answer period, it was brought out that copies of prescriptions for legend drugs should be marked as "Information Copy Only." These prescription copies cannot be refilled without the pharmacist receiving authorization from the prescribing physician. Physicians cannot delegate to a nurse or other person the authority to authorize refills. Paregoric in Maryland still requires a written prescription.

Captain Thrailkill, Chief of the Montgomery County Detective Bureau, and Captain Huber, Chief of the Prince Georges County Detective Bureau, suggested steps to help prevent burglary of pharmacies. Aluminum doors should have locks placed at the top and bottom. Safes should be placed in full view from the outside. A solid steel bar going through the wall was suggested for back doors.

William A. Cooley, President of the Maryland Pharmaceutical Association, brought greetings from the state professional pharmaceutical organization. He invited all pharmacists to participate in the activities of the M.P.A. President Cooley reported on the meeting of the Eastern Shore Pharmaceutical Association which he attended in Ocean City the previous Sunday. He pointed out that the By-Laws require membership in the state association in order to be a member of the Society.

Nathan I. Gruz, Executive Secretary of the M.P.A., complimented the membership on the large attendance and the great enthusiasm shown.

An appeal for support of the Quality Stabilization Bill was made by Joseph Cohen, Associate Washington Representative of the N.A.R.D.

Also present were: David Kafka, President of the Potomac Pharmaceutical Association (Virginia); Charles Cullen, Executive Vice President of Crown Photo, the host for the evening, and Ben Poselman, President of the Travelers Auxiliary.

B.M.P.A. News

CIVIL DEFENSE AND DISASTER SURVIVAL

The State of Maryland Civil Defense Agency awarded a Certificate for Outstanding Service to Civil Defense to the Baltimore Metropolitan Pharmaceutical Association. This award was made for contributions made in the field of Public Information Aid. Mr.

Harold Katcoff, in charge of medical supplies for the State Agency, presented the certificate at the September meeting. He lauded the efforts of the pharmaceutical association and particularly Mr. Jerome Block, Chairman of the Civil Defense Committee.

* * *

B.M.P.A. COOPERATES IN HEALTH AND CHARITY DRIVES

The Baltimore Metropolitan Pharmaceutical Association cooperates with many health, civic and charitable organizations in their drives.

The B.M.P.A. participated in the C.I.C.H.A. (The Commerce and Industry Combined Health Appeal) drive recently. If you have not sent your contribution in as yet, you are earnestly requested to do so at once. A note should be included to credit your contribution to the Pharmacists' Division.

Christmas Seals have been sent to all pharmacists from the Maryland Tuberculosis Society. You are urged to support this important activity. If you have already sent your check in, request that it be assigned to the Pharmacists' Group.

Hupfeld Wins Squirt Contest

Hichard Hupfeld, sales manager of Suburban Club Carbonated Beverage Co. Inc. has won first prize in a Squirt Company local sales managers' contest. (Suburban Club bottles and distributes Squirt in the Baltimore metropolitan area.)

The prize consists of an all-expense-paid trip to New York City including tickets to the first two World Series Games, for Mr. Hupfeld and his wife.

Entered in the Squirt Company's national contest were sales managers of all its franchised bottlers throughout the United States. Mr. Hupfeld's award was based on his achieving the largest percentage sales increase and the most successfully conducted route-salesmen's contest.

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Morphine Substitute Found To Be Non-Addicting

Medical science may be on the verge of achieving a medical breakthrough in drugs to relieve pain.

Three years of testing show that a new analgesic drug has about the same potency as morphine and is as well tolerated, but does not cause addiction, the 145th national meeting of the American Chemical Society was told.

If further work with this drug bears out present data, Pentazocine—or Win 20,228, its experimental designation—will be the first highly potent, non-addicting, pain-killing drug considered safe to use. Dr. Sydney Archer, assistant director of the chemistry division, Sterling-Winthrop Research Institute Rensselaer, N. Y., reported on laboratory findings with the compound, which he developed, at a symposium session over which he presided. Clinical results with the drug were described at the same session by Dr. Arthur S. Keats, Baylor University.

The search for a non-addicting morphine substitute has been carried on for 80 years by scientists throughout the world. Stimulating the pace of the hunt in recent years has been the increasing gravity of the problem of drug addicts and the illicit traffic in narcotics.

To study whether Pentazocine was addicting, the drug was given to patients at the Public Health Service Hospital for drug addicts in Lexington, Kentucky. As a result of that investigation, the Committee on Drug Addiction and Narcotics of the National Research Council recommended to Henry Giordano, Commissioner of the Bureau of Narcotics, that the drug was non-addicting and need not be classed as a narcotic.

Dr. Archer told the assembled chemists that he and his colleagues at the Sterling-Winthrop Research Institute abandoned classical methods of laboratory evaluation of analgesics. Only those chemicals were studied which "had the unique property of nullifying the analgesia produced by morphine, because there was suggestive evidence that such compounds might be analgesic in man, without any addiction liability."

A group of compounds called benzomorphans was studied, of which phenazocine is the best known. Phenazocine was converted into a family of compounds which could antagonize the action of the parent drug, but many of which were strong analgesics. The resulting "analgesic antagonists," Dr. Archer said, varied more than a thousand-fold in potency.

Tests in humans have shown that Pentazocine, which is given by injection, is effective against post-operative pain at a dose of 20 to 40 milligrams as compared with 10 milligrams of morphine.

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The Importance of Immunization

The Maryland parent of today has no need to accept as inevitable the usual childhood diseases in his family or the critical effects of such illnesses as diphtheria and polio. Vaccines are at hand to protect the child against measles, whooping cough, diphtheria, tetanus and poliomyelitis from the first year of life.

A nationwide survey made by the Public Health Service in September, 1962, showed that only 42 per cent of preschool children had been adequately vaccinated (four doses) with Salk vaccine against polio, 14 per cent had received no polio vaccine and 44 per cent had not completed the series. Complete immunizations for diphtheria-whooping cough-tetanus (three or four doses) had been given to 68 per cent of the children from one to four years, 14 per cent had had no injections and 18 per cent had not completed the series. The backlog of under-immunized children in the most susceptible age group keeps these diseases alive in the population.

There can be no doubt as to the effectiveness of each of these five immunizations. Diphtheria and polio, since the vaccines came into general usage, have almost disappeared from state and national reports. Whooping cough cases have been reduced by 95 per cent, and measles vaccine promises similar results.

In Maryland, as in the rest of the country, we are faced with a public health problem for which there is a solution. Cases of these five easily preventable diseases continue to be reported because at least 25 per cent of the population has failed to take advantage of the protection offered by immunization. The survey findings must stimulate renewed effort to use the effective tool of immunization more completely and to raise the rates of protection, if we expect to hold these diseases in check. Indeed, with a little more effort on the part of health officials and with better cooperation from the public, we might anticipate eradication of any or all of these conditions. The reduction in childhood diseases is not a cause for complacency; it is an indication of what we may expect in the solution of this public health problem.

All of these vaccines are safe, effective and available from family doctors or health departments. It is the responsibility of every parent to see that his child receives this protection.

John H. Janney, M.D.

Division of Epidemiology, Maryland State Department of Health.

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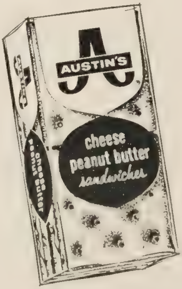

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If the Quality Stabilization Bill is to become a reality, then a continuous stream of communications and contacts with the Senators and Congressmen must be kept up.

Even if you have written before, keep writing regularly.

Congressman Samuel N. Friedel of the 7th District is a co-sponsor, so merely write him a note of thanks.

Visit the other business men in your area to explain Quality Stabilization and get them to write in favor of S. 774 and H. R. 3669.

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Senator J. Glenn Beall

Senator Daniel B. Brewster

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Noxzema Names Two New Marketing Executives

The Noxzema Chemical Company, Baltimore, Maryland, has announced the appointment of two new executives in their marketing group. William F. Tiefenwerth was named Product Manager in the New Products Development Division and Bates Hall was appointed Advertising Manager assisting the Vice President in Charge of Advertising. Both appointments are a direct result of Noxzema's continuing program of expansion.

Mr. Tiefenwerth has many years of experience in corporate marketing and product development. He was formerly associated with the Johnson & Johnson and Lady Esther Companies. He is married with two children and is a decorated veteran of the U.S. Navy, World War II.

Mr. Hall was formerly with the D'Arcy Advertising Company as an Account Executive on the Colgate Company account. He was previously associated with Doherty, Clifford, Steers and Shenfield where he worked on Noxzema Shave Products. In his new position, Mr. Hall will coordinate advertising on all Noxzema products, including Noxzema Skin Cream, Skin Lotion, Noxzema Shave Products and Cover Girl Make-Up. He is married, has two children, and served as a Naval officer during World War II and the Korean conflict.

Upjohn salesman, Mr. Samuel M. Meredith, was recently appointed Sales Contactor for the Company's Washington Branch. The announcement was made by Mr. W. C. Sugg, The Upjohn Company's Director of Domestic Branch Sales.

Mr. Meredith is a graduate of the University of Maryland (B.S. 1958). He joined the Company in February, 1961 and was assigned the Baltimore sales territory.

Health Professions Educational Assistance Act Becomes Law

President Kennedy signed into law H.R. 12, a bill to increase the opportunities for training of young men and women in the health professions.

H.R. 12 authorizes a 3-year program of matching grants for the construction of teaching facilities for the training of physicians, dentists, pharmacists, nurses, and professional public health personnel as well as for optometrists and podiatrists. The federal matching grants may be used for the construction of new schools and for the expansion and renovation of existing schools.

One hundred five million dollars in matching grants is authorized for the construction of new teaching facilities for the training of physicians, pharmacists, nurses, professional public health personnel, and for optometrists and podiatrists.

Thirty-five million dollars in grants is allocated for the construction of new teaching facilities for the training of dentists. Another 35 million is approved for replacement or rehabilitation of teaching facilities for all of the foregoing categories. In addition, H.R. 12 authorizes loans of up to $2000 for students of medicine, dentistry, and osteopathy.

H.R. 12 is substantially the same as the medical education bill favorably reported last year by the House Commerce Committee. The amendments making pharmacy schools eligible for the benefits of last year's bill were first proposed to the House Commerce Committee in the testimony of the American Association of Colleges of Pharmacy.

Rapid increase in consumer spending for services. Many department stores throughout the country are continuing to expand consumer services because of the vast growth of spending for services as compared to consumer goods. In

1962, of the $356.7 billion spent for goods and services, 42% or $147.1 billion was spent for services alone. Prof. Robert D. Entenberg, director of the Retail Research Center at the University of Pittsburgh says: "If this trend continues, more money will be spent for consumer services than for non-durable goods within the next five years." In 1962, $162 billion was spent for non-durable goods.

According to a story in the New York Times, department stores in recent years have continued to diversify into scores of additional services in order to produce better profits. Podiatrists, masseurs and optometrists are just a few of the new breed of additions made to store departments. Big retailers as well as the small, have lending libraries, prescription drugs, mutual fund sales, fuel oil, office equipment, rentals, insurance, travel departments and many others in order to attract additional customers into the stores.

OBITUARIES

W. J. LOWRY

William J. Lowry, a veteran of more than 60 years in the wholesale drug industry in Baltimore, died September 9, 1963. He was 86.

A native of Washington, he came to Baltimore as a youth. He was attracted by the maritime activity here—his uncle was captain of a ship in the old coffee fleet—but a parental veto put an end to these aspirations and Mr. Lowry took his first job in a Canton drug store as an apprentice.

Moving up from that job, he went on to graduate from the old Maryland College of Pharmacy. Mr. Lowry worked for several local drug wholesalers before his retirement seven years ago.

Both his business and his pleasure was devoted to the pharmaceutical industry. When the alumni association of the old Maryland College of Pharmacy was reactivated several years ago, he was its first president.

One associate claimed that Mr. Lowry was the oldest living graduate of that school, now a part of the University of Maryland.

He was also a member of the Baltimore Veteran Druggists.

Mr. Lowry is survived by his wife, Mrs. Mary Ellen Lowry, a son, Paul J. Lowry, and a sister, Mrs. George W. Montgomery. Three grandchildren also survive.

CHARLES ROSSBERG, JR.

Charles Rossberg, Jr., for more than 50 years the operator of the Southwest Baltimore pharmacy that bore his name, died September 30, 1963 at his son's home after an extended illness.

The 79 year old pharmacist was a graduate of the old Maryland College of Pharmacy, class of 1906, and began operating the pharmacy at 2526 Washington Boulevard about four years after his graduation.

Mr. Rossberg had recently received a plaque from residents of the Morrell Park area for his service to the community. About 300 persons attended the ceremony in his honor.

He was a member of the Baltimore Metropolitan Pharmaceutical Association, the Maryland Pharmaceutical Association, and the National Association of Retail Druggists.

Mr. Rossberg is survived by his sons, Dr. C. Arthur Rossberg and William C. Rossberg, and six grandchildren. A sister, Miss Minna Rossberg, also survives.

HARRY E. SPRUCEBANK

Harry E. Sprucebank, 84, retired Maryland pharmacist, died suddenly on September 1, 1963, at his home, 3624 Porter Street, N.W., Washington, D.C. He is survived by his widow, 2 daughters, 4 grandchildren, and 7 great grandchildren.

Funeral services were held at S. N. Hines Co. Funeral Home; interment in Congressional Cemetery

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